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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXX~~
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico 10-4-60
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Caulkins Oil Company State "B", Well No. PD-233, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D, Sec. 16, T. 26N, R. 6W, NMPM, South Blanco Pool
Unit Letter

Ria Arriba

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County San Juan Date Spudded 1-4-52 Date Drilling Completed 8-7-60
Elevation 6697 G.L. Total Depth 7650 PBD 7510

Top ~~Gas~~ Pay 3035 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL - 3300 - 4 holes; 3038 - 4 holes; and
Perforations 3033 to 3053 w/4 jets per foot

Open Hole None Depth 7644 Casing Shoe 2905 Depth 2905 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

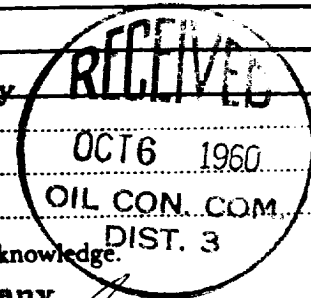
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fract'd w/50,000# 10-20 sand & 23,310 gal. water

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved OCT 6 1960, 19____

Caulkins Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: Frank O. Gray
(Signature)

Title Field Superintendent

Send Communications regarding well to:

Name Frank O. Gray

Address Box 780, Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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