	1				
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DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
SANTA FE					
FILE		AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA		CIDAL CAS		
LAND OFFICE	AUTHORIZATION TO TRA	AND ORT OIL AND IN	OKAL GAS		
OIL					
TRANSPORTER GAS /					
OPERATOR					
PRORATION OFFICE					<del></del>
Operator					
Caulkins Oil C	ompany			····	
Address	- 700 Farmington M	517 (555) 6 5			·
Post Ullice Box	c 780, Farmington, No	5 W 302022 O 3			
Reason(s) for filing (Check proper box	)	Other (Please exp	olain)		
New Well	Change in Transporter of:				
Recompletion	Oil Dry Ga	s A Change Na	ame of Gas	Transpo	rter
Change in Ownership	Casinghead Gas Conder		0		
Change in Ownership					
If change of ownership give name and address of previous owner					<u> </u>
. DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Name, Including F	T	nd of Lease	a	Lease No.
State B	233 South Blanco	PC Sto	ite, Federal or Fee	State	E 291 2
Location					
D 11	45 Feet From The North Lin	, 980 ,		West	
Unit Letter;;	Feet From TheLin	e andF	Feet From The		
Line of Section 16 To	waship 26N Range	6W , <sub>nmpm</sub> ,	Rio Arr	iba	County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.S			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to w	hich approved cop	y of this form is to	o be sent)
<b>i</b>					
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas A	Address (Give address to w	hich approved cop	y of this form is t	o be sent)
Gas Company of		1508 Pacif:	ic Ave.,	Dallas, T	exas
das company or	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids,	Ont Bec. 1 mp.	Yes	l İ		
give location of tanks.		1		<del> </del>	
If this production is commingled wi	th that from any other lease or pool,	give commingling order nu	ımber:		
V. COMPLETION DATA				- 1	4
	Oil Well Gas Well	New Well Workover	Deepen   Plug	Back   Same Res	'v. Diff. Res'v.
Designate Type of Completion	on - (X)				1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.		
1-4-52	1952	7650	-	7510	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubi	ng Depth	
6697 Gr.	Pictured Cliffs	3035		2905	
	11000100 011110			h Casing Shoe	
Perforations				7644	
3300 to 3053				1044	
	TUBING, CASING, AN	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
13	10 3/4	540		250	
8 3/4	7	3038		200	
6 1/4	5	7644		365	
<u> </u>	1 1/4	2905			
L	_ <del></del>			at he demands	ad san allass
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume epth or be for full 24 hours)	oj toda ott and mu		zera top attow
OIL WELL	ante for this a	Producing Method (Flow, p	ump and life ato	101-1-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, p			
				- Chu	
Length of Test	Tubing Pressure	Casing Pressure	Chb	<b>∵</b> \$¶¶0∨22;	1976
1			\	04 -00-	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas	CMGE COM. (	JUM. /
	İ	1	1	) DIGT	n /

**GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test 1435

Casing Pressure (Shut-in)

711

Back Pressure VI. CERTIFICATE OF COMPLIANCE

esting Method (pitot, back pr.)

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tubing Pressure (Shut-in)

711

Superintendent (Title) November 5, 1976 OIL CONSERVATION COMMISSION

Choke Size

3/4

10/10 APPROVED Kendrick By Original Signed by A. R. TITLE SUPERVISOR DIST. #0

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, ell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.