

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	2
PRORATION OFFICE	

I. Operator
Caulkins Oil Company
Address
P.O. Box 730, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech D	Well No. 237	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Fed.	Lease No. NMO3553
Location Unit Letter D ; 990 Feet From The North Line and 990 Feet From The West Line of Section 15 Township 26 North Range 6 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1508 Pacific Ave., Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	9-13-61

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 10-14-51	Date Compl. Ready to Prod. 11-11-51	Total Depth 2972	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 6491 DF	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2878	Tubing Depth 2824					
Perforations None	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 3/4"	8 5/8"	467	190					
7 7/8"	5 1/2"	2882	200					
	2 7/8"	2851	125					
	1"	2824						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be sufficient to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
			NOV 22 1976 OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 104	Length of Test 24 Hours 11-15-67	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 600-279	Casing Pressure (shut-in) 600-320	Choke Size 1/2" Plate

VI. CERTIFICATE OF COMPLIANCE

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.

Charles E. Vergara
(Signature)
Superintendent
(Title)
11-6-76
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 22 1976, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 3

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, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple.