

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 QUADRUPLICATE 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 2-8-60
(Place) (Date)

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

Caulkins Oil Company Breech "C", Well No. PC-241, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 14, T. 26N, R. 6W, NMPM., South Blanco PC Pool
Unit Letter

Rio Arriba County. Date Spudded 6-15-52 Date Drilling Completed 6-24-52
Please indicate location: Elevation 6622' DE Total Depth 3103 PBT

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

Top ~~Oil~~ Gas Pay 3030' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations _____
Open Hole _____ Depth _____ Casing Shoe _____ Depth _____
Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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: 783 MCF/Day; Hours flowed 24 Choke Size 3/4"

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8</u>	<u>516</u>	<u>200</u>
<u>5 1/2"</u>	<u>3052</u>	<u>200</u>
<u>1"</u>	<u>3033</u>	

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

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): Used w/24,276 gal. water & 50,000# 10-20 sand
Casing _____ Tubing _____ Date first new _____
Press. 625 Press. 625 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 FEB 18 1960, 19 _____ Caulkins Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed Emery C. Arnold
By: _____
Title Supervisor Dist. # 3

By: Charles J. Gray
(Signature)
Title Production Foreman
Send Communications regarding well to:
Name Frank Gray
Address Box 967, Farmington, New Mexico

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>4</u>		
DISTRIBUTION:		
	NO. FURNISHED	
Operator	<u>1</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>