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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS /
OPERATOR
PRORATION OFFICE

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

I.

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/69

Caulkins Oil Company

P. O. Box 780, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☒

Condensate ☐

Other (Please explain)

To comply with request of N. M. Oil
Conservation Commission the number of
this well is changed from ~~W-185~~ to **W-185 (D)**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Breesh "D"	Well No. 685	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter L , 1950 Feet from The South Line and 660 Feet from The West Line of Section 11 , Township 26 N Range 6 W , 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 checked="" type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Building 1508 Pacific Avenue, Dallas 1, Texas					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 26 N	Rge. 6 W	Is gas actually connected? <input type="checkbox"/> when No	10 days

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7-17-65	Date Compl. Ready to Prod. 8-14-65	Total Depth 7505	P.B.T.D. 7430
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7192	Tubing Depth 7406
Perforations 7192-7198, 7210-7220, 7300-7320, 7380-7400, 7420-7430			Depth Casing Shoe 7502
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 15" 8-3/8" 6-1/8"	CASING & TUBING SIZE 10-3/4" 7" 4 1/2"	DEPTH SET 450 6722 6298 to 7502	SACKS CEMENT 200 500 140

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal 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)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCFE	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Franklin S. ...
(Signature)

Superintendent

(Title)

November 5, 1965

(Date)

OIL CONSERVATION COMMISSION
NOV 9 1965

APPROVED _____, 19

BY **Original Signed Emery C. Arnold**
Supervisor Dist. # 3
TITLE _____

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 Sections I, II, III, and VI only 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 multiply completed wells.