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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

TRANSPORTER CHANGED FROM SHELL  
OIL COMPANY TO SHELL PIPE LINE  
CORPORATION EFFECTIVE 12/31/63

I. Operator  
**Caulkins Oil Company**  
Address  
**P. O. Box 780, Farmington, New Mexico**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: ☐ The number of this well is changed from  
Recompletion ☒ Oil ☐ D-125 to 625 (D) as requested by Oil  
Change in Ownership ☐ Casinghead Gas ☐ Dry Gas ☐ Conservation Commission  
Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Breech "A"</b>	Well No. <b>625</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <del>State</del> Federal <del>xxx</del>
Location Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>8</b> , Township <b>26 North</b> Range <b>6 West</b> , NMPM, <b>Rio Arriba</b> 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"/> <b>Shell Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1588, Farmington, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Fidelity Union Tower Building 1508 Pacific Avenue, Dallas 1, Texas</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>9</b>	Twp. Rge. <b>26 N 6 W</b>
Is gas actually connected?		When <b>no 10-17-65</b>	

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.
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Date Spudded <b>6-10-65</b>	Date Compl. Ready to Prod. <b>7-9-65</b>		Total Depth <b>7600</b>		P.B.T.D. <b>7580</b>			
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>7330</b>		Tubing Depth <b>7301</b>			
Perforations <b>7330-7370 80 holes, 7448-7468 80 holes, 7504-7516 48 holes, 7534-7564 120 holes</b>				Depth Casing Shoe <b>7593</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>10-3/4"</b>		<b>455</b>		<b>175</b>			
<b>8-3/4"</b>	<b>7"</b>		<b>6881</b>		<b>200</b>			
<b>6-1/8"</b>	<b>4-1/2"</b>		<b>6205-7593</b>		<b>150</b>			

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)

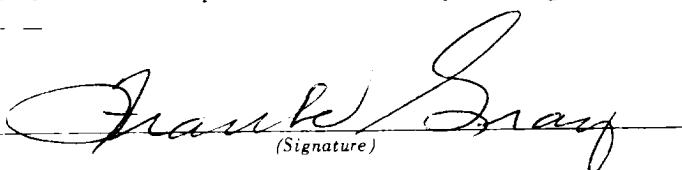
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>8519</b>	<b>3 hours</b>		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>1 pt. BP</b>	<b>SI 2425 FI 553</b>	<b>SI 2407 FI 970</b>	<b>75"</b>

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.

  
(Signature)

**Superintendent**  
(Title)

**10-12-65**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 15 1965**, 19  
BY **Original Signed Emery C. Arnold**  
TITLE **Supervisor Dist # 8**

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.