## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

- mio	uic seren —		Farmington, New Mexico May 6, 1958 (Place) (Date)
VE ARE	HEREBY 1	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
aulkina	s Oil Com	mp <b>any</b>	Breech "A" , Well No. PC 127 , in. NW 1/4 NE 1/4,
B (C	company or C	perator) Sc	(Lesse) T 26N , R 6W , NMPM., South Blance Pool
21-44			County Date Spudded 3-15-52 Date Drilling Completed 3-23-52
	ase indicate		Top XXX/Gas Pay 2856 Name of Prod. Form. Pictured Cliffs
D	C B	A	PRODUCING INTERVAL -
E	F G	H	Perforations Open Hole 2859 to 2933 Depth Casing Shoe 2859 Depth Tubing 2849
L	K J	I	OIL WELL TEST - Choke  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M	N O	P	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
Sire 8 5/8 5 1/2	Feet 497	smenting Reco	Test After Acid or Fracture Treatment: 689 MCF/Day; Hours flowed 24  Choke Size 7/8 Method of Testing Southern Union Gas Co. Orifice Meter  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
1"	2849		Sand Fractured with 42,000# sand and 30,996 gallons water  Casing 620 Tubing 620 Press. 620 Cast to Line  Cil Transporter
			Gas Transporter Southern Union Gas Company
lemarks:	Well no	w on Stat	te Deliverability Test.
	355		formation given above is true and complete to the best of my knowledge.  Caulkins Oil Company
Approved	•••••	••••	N COMMISSION  By  (Company or Operator)  (Signature)
By:Or	iginal Si	gned Em	ery C. Arnold  Title Field Superintendent  Send Communications regarding well to:
Title		uporvisor D	Frank Gray Name
			P. O. Box 967, Farmington, New Mexi

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