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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Caulkins Oil Company P.O. Box 780, Farmington, Hew Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Commingled with Chacra Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE

Lease Name

Reach E. 109 South Blanco PC Kind of Lease Lease No. State, Federal or Fee Fed MII 03551 Location 660 Feet From The West ·H Feet From The South Line and 660 26N 6.1 , NMPM, Rio Arriba Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave. Dallas, Texas Unit Sec. Rge. Is gas actually connected? If well produces oil or liquids, No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: R-5648 IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Gas Weli X Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 8-9-78 2-24-52 6736 5558 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation 2 20 d Top Oil/Gas Pay Tubing Depth 6434 Gr. Pictured Cliffs 2964 3390 Depth Casing Shoe Perforations 2964- 2969 8 -3952 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE 9 7/8 9 7/8 CASING & TUBING SIZE DEPTH SET SACKS CEMENT 6674 175 6587 to6736 25 3390 V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Oil-Bhis. Water - Bbls. Ggs - MCF Actual Prod. During Test **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D 736 3 Hrs. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size 570 3/4 Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED. 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. Original E BY 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. Foreman All sections of this form must be filled out completely for allow-(Title) able on new and recompleted wells. 3-29-73 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. (Date)

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