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LAND OFFICE			
TRANSPORTER	OIL		

7-26-79

(Date)

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PRORATION OFFICE Operator Caulkins Oil Company P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Commingled Pictured Cliffs, Chacra Change in Ownership Casinghead Gas Condensate and Mesa Verde If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 109 Breech E South Blanco -PC Fed. NM-03551 Location 660 Feet From The South Line and 660 Feet From The West Unit Letter Range 6 West Township 26 North , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas
Is gas actually connected? When If well produces oil or liquids, give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: R-5647-A COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. 2-24-52 8-16-79 6736**'** 5558**¹** Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth 6484 Gr. Pictured Cliffs 2964 3390° Depth Casing Shoe 2964' to 2969' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 9 7/8" 7 7/8" 66741 175 5 1/2" 9 7/8" to 6736 2 3/8" 5179**'** 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) OIL WELL 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 WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 297 24 hrs. Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Gas Company of New Mex. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED_ Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Origina 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. (Signature, Superintendent (Title)

All sections of this form must be filled out completely for allowable on new and recompleted wells. 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.

Senerate Forms C-104 must be filed for each root in multiply