DISTRIBUTION SANTA FE FILE	DISTRIBUTION COMMISSION SANTA FE RECUEST FOR ALL OWARL F		Form C=104 Supersedes Old C=104 and C=1
J.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION	AND RAGSPORT OIL AND NATURA	Effective 1-1-65
Operator Cau	lkins Oil Company		
P-0	- Box 780. Faccington	New Mexico	
Reason(s) for filing (Check proper New Well Recompletion Change in Ownership If change of ownership give na	Change in Transporter oi: Oil Dry: Casinghead Gas Cond	Other (Please explain)	
and address of previous owner			
II. DESCRIPTION OF WELL A Lease Name Breech E Location	Well No. Pool Name, Including 49 South Bla		ease Lease No. deral or Fee Fed NM03551
Unit Letter B	1170 Feet From The North	ine and 1575 Feet Fr	om TheEast
Line of Section 5	Township 26 N Range	6 W , NMPM, R	io Arriba County
II. DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL G		oproved copy of this form is to be sent;
Name of Authorized Transporter c	f Casinghead Gas or Dry Gas 🛣	i D	,
Gas Company of New Mexico 1		Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave. Dallas, Texas Is gas actually connected? When Yes	
	d with that from any other lease or pool		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff, Resty
Designate Type of Comp	X		
1	Date Compl. Ready to Frod.	Total Depth 3080	P.B.T.D.
	c., Name of Producing Formation		Tubing Depth
Periorations	Pictured Cliffs	•	2963 Depth Casing Shoe
0;	pen Hole 3016 to 308		3016
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	x175 522	175
7 7/8"	5 1/2" 1"	3016 2963	200
TEST DATA AND DEOLES	F FOR ALLOWARY F		
OIL WELL Date First New Oil Run To Tanks	able for this d	after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, ga.	oil and must be equal to or exceed top allow
	250 51 1851	Producing Mathod (Flow, pump, ga.	s tift, etc
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbis.	Water-Bble.	Gas-MOF
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Comply of Cond
Testing Method (pitot, back pr.)	Tubing Pressure (Shut -i A)		Gravity of Condensate
		Cdaing Pressure (BRWE-IB)	Choke Size
. CERTIFICATE OF COMPLI	ANCE	OIL CONSER	VATION COMMISSION
Commission have been complied	nd regulations of the Oil Conservation ed with and that the information given the best of my knowledge and belief.	APPROVEDOriginal Signed b	у Б . В. женас. ²
/ ·	_ 1	TITLE	, · · · · · · · · · · · · · · · · · · ·
Canalis &	- Cara and	This form is to be filed i	n compliance with RULE 1104.
(Signature)		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	
Superintendent (Title)		tasts taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
11-10-76		able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.	
	(Date)	well name or number, or transp	orter, or other such change of condition.