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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 1-1-55

I. Operator
Caulkins Oil Company

Address
Post Office Box 780, Farmington, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State A	Well No.	62	Pool Name, Including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee State	Lease No.	E. 291 17
Location	Unit Letter <u>A</u> ; <u>1190</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>East</u>								
Line of Section	<u>2</u>	Township	<u>26 N</u>	Range	<u>6W</u>	, NMPM, <u>Rio Arriba</u>			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"/>	Address (Give address to which approved copy of this form is to be sent)				
Shell Oil Company Pipeline	P. O. Box 1588, Farmington, New Mex.				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Gas Company of New Mexico	1508 Pacific Ave. Dallas, Texas				
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>2</u> Twp. <u>26N</u> Rge. <u>6W</u>	Is gas actually connected?	Yes	When	

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 Rest'v.	Diff. Rest'v.
		<u>X</u>						
Date Spudded	<u>4-21-62</u>	Date Compl. Ready to Prod.	<u>6-28-62</u>	Total Depth	<u>7735</u>	P.B.T.D.	<u>7686</u>	
Elevations (DF, RKB, RT, GR, etc.)	<u>6656 Gr.</u>	Name of Producing Formation	<u>Dakota</u>	Top Oil/Gas Pay	<u>7410</u>	Tubing Depth	<u>7728</u>	<u>7380</u>
Perforations	<u>7412 to 7638 ,</u>						Depth Casing Shoe	<u>7728</u>
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15 1/4</u>	<u>10 3/4</u>		<u>255</u>		<u>200</u>			
<u>7 7/8</u>	<u>5 1/2</u>		<u>7728</u>		<u>740</u>			
	<u>2 3/8</u>		<u>7380</u>					

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
<u>MMCF</u>			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	<u>2367</u>	<u>Pkr.</u>	

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.

Charles J. Jorgensen
(Signature)
Superintendent
(Title)
9-30-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.