STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	NO. OF COPIES RECEIVED
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

I.

Operator

Caulkins Oil Company

Address

P.O. Box 780 Farmington, New Mexico

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☒

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Breech "E"	50	Basin Dakota	State, Federal or Fee Federal	NM 03551

Location

Unit Letter __A__ : __990__ Feet From The __North__ Line and __990__ Feet From The __East__

Line of Section __5__ Township __26 North__ Range __6 West__ , NMPM, __Rio Arriba__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Giant Refinery Company

Address *(Give address to which approved copy of this form is to be sent)*
P.O. Box 256 Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company

Address *(Give address to which approved copy of this form is to be sent)*
P.O. 990 Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	5	26N	6W	Yes	1963

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 Res'v.	Diff. Res'
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-18-62	1963	7624'	7530'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6561	Dakot	7203'	7208'

Perforations
7210' - 7574'

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	9 5/8"	257'	200
	4 1/2"	7610'	650
	2 3/8"	7208'	

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

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	Tubing Pressure **(Shut-in)**	Casing Pressure **(Shut-in)**	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles E Vergun
(Signature)

Superintendent
(Title)

8-8-83
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 18 1983 _____, 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 multiple