

STATE OF NEW MEXICO	ENERGY AND MINERALS DEPARTMENT
DEPARTMENT OF ENERGY AND MINERALS	DISTRIBUTION
STATE	STATE
FILE	FILE
U.S.D.O.E.	U.S.D.O.E.
LAND OFFICE	LAND OFFICE
TRANSPORTER	TRANSPORTER
OPERATOR	OPERATOR
REGISTRATION OFFICE	REGISTRATION OFFICE
Operator	Operator

Form C-104  
Revised 10-1-78

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Caulkins Oil Company

Address

P.O. Box 780

Farmington, New Mexico

Person(s) for filing (Check proper box)

New Well   
Recompletion   
Change in Ownership

Change in Transporter of:  
Oil   
Casinghead Gas

Other (Please explain)

Dry Gas   
Condensate

If change of ownership give name  
and address of previous owner

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Sanchez	Well No. 4	Pool Name, Including Formation Otero-Chacra-Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF 079304
Location Unit Letter <u>D</u> : 990 Feet From The <u>North</u> Line and 990 Feet From The <u>West</u>				
Line of Section 25	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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Farmington, New Mexico					
Inland Corporation						
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) P.O. Box 990 Farmington, New Mexico					
El Paso Natural Gas Company						
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 26N	Rge. 6W	Is gas actually connected? Yes	When 1969

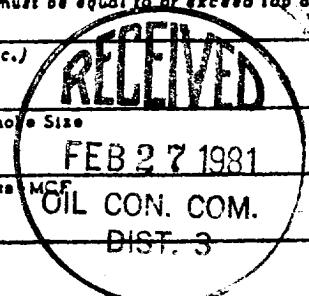
If this production is commingled with that from any other lease or pool, give commingling order number:

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 8-19-69	Date Compl. Ready to Prod. 7-6-76	Total Depth 7545			P.B.T.D. 7520				
Elevations (DF, RKB, RT, CR, etc.) 6654 DF	Name of Producing Formation Dakota-Chacra	Top Oil/Gas Pay 3868			Tubing Depth 3870				
Perforations 3868 - 3888	3960 3970			Depth Casing Shoe 7520					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 260			SACKS CEMENT 200			
7 7/8"	4 1/2"		7520			750			
	1"		3870						

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	OIL CON. COM. DIST. 3



#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prod, 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 Gholson*  
(Signature)

Superintendent

(Title)

2-20-81

(Date)

#### OIL CONSERVATION DIVISION

FEB 27 1981

APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
Original Signed by CHARLES Gholson  
BY \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 tools 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 Form C-104 must be filed for each pool in multiply connected wells.

