NO. OF COPIES RECE	6		
DISTRIBUTIO			
SANTA FE	7		
FILE	1	+	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	

8-15-75

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercodes Old C-104 and C-110

ł	REQUEST FOR ALLOWABLE  Supersedes Old C-104 and Effective 1-1-65								
	FILE /	┥		AND					
}	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
1	OIL	-							
	TRANSPORTER GAS /	-							
	OPERATOR 3	-							
_	PRORATION OFFICE								
I.	Operator Operator	1			<del></del>			<del></del>	
	Caulkins Oil Company								
	Address	mpany	<del></del>						
		TD		- 074	01			İ	
	P. O. Box 180, Reason(s) for filing (Check proper box		gton, New Mexic	0 8/4	Other (Please	velain)			
	े <b>जि</b>		e in Transporter of:		Omer (Flease	explains			
	New Well	Oil							
	Recompletion		Dry Gar	F==					
,	Change in Ownership	Casin	ghead Gas Conden	sate					
	If change of ownership give name								
	and address of previous owner				<del></del>		<del></del>	<del> </del>	
11.	DESCRIPTION OF WELL AND	LEASE	No. Pool Name, Including Fo	armation	<del></del>	Kind of Lease		Lease No.	
	Lease Name	ļ	(		1	State, Federal	or Fee To 1		
	Breech "E"	99	South Blanco F	<u>'icture</u>	d Chits	Sidie, I edeldi	Fed. NM03551		
	Location						_		
	Unit Letter <u>J</u> ; <u>177</u>	70 Feet	From The South Lin	e and	1850	Feet From T	he East		
				_				1	
	Line of Section 1 To	wnship 2	6 North Range	<u>6 Wes</u>	t , NMPM,	Rio	Arriba	County	
III.	DESIGNATION OF TRANSPOR			.s				<del> </del>	
	Name of Authorized Transporter of Oi		or Condensate	Address	(Give address to	which approve	ed copy of this form	is to be sent)	
	! 		<u> </u>						
	Name of Authorized Transporter of Ca	singhead Ga	s or Dry Gas 🔀	Address	(Give address to	which approv	ed copy of this form	is to be sent)	
	Southern Union	Gas Cor	mpany	Fideli	ty Union	Tower B	ldø, 1508 Pi	cific. Dalla	
	If well produces oil or liquids,		Sec. Twp. Rge.		Fidelity Union Tower Bldg. 1508 Picific, Dal is gas actually connected? When				
	give location of tanks.	i i			No	1			
	L						· · · · · · · · · · · · · · · · · · ·		
<b>2 2</b> 7	If this production is commingled w	ith that fron	n any other lease or pool,	give com	mingling order	number:			
1 V .	COMPLETION DATA		Oil Well Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Type of Completi	on - (X)	X	x	 	1	! ! !	1	
	Date Spudded	Date Com	pl. Ready to Prod.	Total De	pth	<del></del>	P.B.T.D.		
		1			3 410		i		
	7-30-75 Elevations (DF, RKB, RT, GR, etc.)		8-14-75 Producing Formation	Top Oil	Gas Pay		3410 Tubing Depth		
	•	, , , , , , , , , , , , , , , , , , , ,							
	6757 Gr.				12		3333 Depth Casing Shoe		
	Perforations	2210 2220 2244 2264 2202 2200			- 1 220/ 2400		3 410		
	3318-3338,	3318-3338, 3344-3364, 3382-3390							
				CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE	CAS	ING & TUBING SIZE	DEPTH SET		T			
	12 1/4"		8 5/8"				325		
	6 3 / 4"		4 1/2"	ļ	3410		400		
			1"	<u> </u>	3333		ļ		
				<u>i                                     </u>			<u> </u>		
V.	TEST DATA AND REQUEST I	FOR ALLO					and must be equal to	of exceptop allow-	
	OIL WELL				for full 24 hours,			+0-1-	
	Date First New Oil Run To Tanks Date of Test				ng Method (Flow	, pump, gas lif	i, etc.)	10.	
							10, 01,0		
	Length of Test	Tubing Pi	tessure	Casing I	Pressure		Choice	120	
							L G	1000	
	Actual Prod. During Test	Oil-Bbls.	•	Water - B	bls.		Gas MCF	n. 3	
							1	04.	
	OIL DIS								
	GAS WELL								
	Actual Prod. Test-MCF/D	· · · · · · · · · · · · · · · · · · ·		Bbls. Condensate/MMCF		Gravity of Condensate			
	No Test			1					
	Testing Method (pitot, back pr.)	Tubing Pi	ressure (Shut-in)	Casing i	Pressure (Shut-	in)	Choke Size		
¥ ' ¥	CERTIFICATE OF COURT IANCE			1	OII C	ONSERVA	TION COMMISS	SION	
¥ 1	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION					
	haraby carrify that the miles and seculations of the Oil Connervation			APPE	APPROVED AUG 2 ) 12.0  APPROVED AUG 2 ) 12.0  BY CALGARIAN ENGINEER DIST. NO. 3				
	Commission have been complied	hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given							
	commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			BY_					
	. / /	11							
	11/100				compliance with R				
Charles E. Cerquire					If this is a request for allowable for a newly drilled or deepened				
					If wall this form must be accompanied by a tabulation of the deviation				
	Sinamintandant	•			tests taken on the well in accordance with RULE 111.				
		Siperintendent (Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
		-		able 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.