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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 1-1-65

I. Operator  
Caulkins Oil Company  
Address  
P.O. Box 780, Farmington, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sanchez	Well No. 5	Pool Name, Including Formation Otero- Chacra	Kind of Lease State, Federal or Fee Fed.	Lease No. SF079304
Location Unit Letter <u>M</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>820</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>26 North</u> Range <u>6 West</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 9	Twp. 26N	Rge. 6W
Is gas actually connected?		When		
No				

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-13-75	Date Compl. Ready to Prod. 8-30-75		Total Depth 4050		P.B.T.D. 4050			
Elevations (DF, RKB, RT, GR, etc.) 6623 Gr.	Name of Producing Formation Chacra		Top Oil/Gas Pay 3796		Tubing Depth 3754			
Perforations 3796-3816 and 3896-3906					Depth Casing Shoe 4050			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 3/4"	8 5/8"		155		125 sacks			
6 3/4"	4 1/2"		4050		622 sacks			

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)

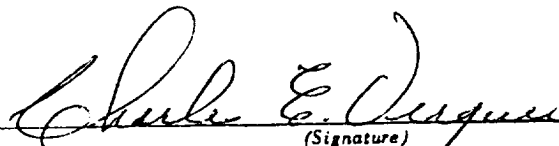
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1020	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 6 bbls. 3 hrs.	Gravity of Condensate 47
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 860	Casing Pressure (Shut-in) PKR	Choke Size 3/4"

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.

  
(Signature)

Superintendent

(Title)

9-22-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED Oct 2 1975, 19

BY Charles E. Vargas

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.