DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-10% SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Caulkins Oil Company P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Recompletion Dry Gas OIL Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease 562 E291-17 State A South Blanco Pictured Cliffs State State, Federal or Fee Location East Line and 1180 Unit Letter A 1070 North Feet From The_ Feet From The 2 26 North Range Line of Section Township 6 West Rio Arriba . NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas P.ge. Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 5-16-76 Elevations (DF, RKB, RT, GR, etc.) 6-27-76 3310 Name of Producing Formation Top Oil/Gas Pay Tubing Depth <u>6657</u> GR. Pictured Cliffs 3222 3180 Perforations Depth Casing Shoe 3222-3262 3310 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8 5/8" 12 1/4" 100 125 6 3/4" 1/2" 3310 450 3180 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bble. Ggs - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Casing Pressure (Shut-in) Choke Size

1005 3/4"

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Back Presure

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

Colarles & Creque	
(Signature)	_
Superintendent	

(Date)

(Title)
11-6-76

3 Hours

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

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.

Secreta Forms C-104 must be filed for each nool in multiply