NO. OF COPIES RECE	LIVED	15		
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SANTA FE	SANTA FE			
FILE U.S.G.S.		,		
LAND OFFICE				
TRANSPORTER	OIL	·		
THANS! ON ER	GAS	1		
OPERATOR		2	-	
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110						
	U.S.G.S.	AUTHORIZATION TO TO	AND	Elfective 1-1-65						
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS						
	TRANSPORTER OIL									
	GAS /									
	OPERATOR 2									
ì.	PRORATION OFFICE Operator									
	, Caulkins Oil Company									
	P.O. Box 780	O, Farmington, New Me	exico 87401							
	Reason(s) for filing (Check proper box)		Other (Please explain)							
	New Well X	Change in Transporter of: Oil Dry Ga	. [
	Change in Ownership	Casinghead Gas Conder	= 1							
	If change of ownership give name and address of previous owner									
u.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	Eber Na.7						
	State "A"	116 South Blanco	Pictured Cliffs Feder	or Fee State E291-26						
	Location	70								
	Unit Letter P; 8	O Feet From The East Lin	se and 850 Feet From	The South						
	Line of Section 2 To	wnship 26N Range	6W , NMPM, Bio	Arriba County						
	22	ZOIV	ON THE RIO	Arring						
II.		TER OF OIL AND NATURAL GA	<u> </u>							
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	eved copy of this form is to be sent)						
	Name of Authorized Transporter of Car	singhead Gas or Dry Gasa	Asian (Circultura de Maria							
	_		Address (Give address to which appro							
	Southern Union (ias Company Unit Sec. Twp. Ege.	Fidelity Union Towe	er Bldg, 1508 Pacific						
	If well produces oil or liquids, give location of tanks.		No							
	If this production is commingled wi	th that from any other lease or pool,								
	COMPLETION DATA									
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
•	5-21-76	6–10–76		P.B.1.D.						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	3310 Top Gil/Gas Pey	Tubing Depth						
	6647 Gr.	Pictured Cliffs	3164	3135						
	Perforations			3135 Depth Casing Shoe						
	<u>3164-3180, 3188</u>	3-3198 and 3220-3236		3310						
			D CEMENTING RECORD							
	HOLE SIZE 12 1/4"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	6 3/4"	3 1/2"	100 3310	125						
	0 3/4	1"	3135	393						
			i							
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-						
	OIL WELL	able for this de	epth or be for full 24 hours)							
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)						
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size						
	Length of Fest	, , , , , , , , , , , , , , , , , , , ,								
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF						
	GAS WELL		Bols, Condensets/MMCF	" A survey of "						
	Actual Prod. Test-MCF/D	Length of Test	g Bols. Condenadte/MMC2 	Gravity of Condensate						
	651 Testing Method (pitos, back pr.)	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size						
	Back Pressure	· · · · · · · · · · · · · · · · · · ·	1079							
	CERTIFICATE OF COMPLIAN	<u> </u>	ii	ATION COMMISSION						
• • •	CERTIFICATE OF COMPETAN	5.	JIE CONSERVA							
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Condrick								
	acove is true and complete to the	. Dear of my knowledge kild Deciel.								
		_	TITUE							
Superintendent 7.7.76			This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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 allow-							
						w besteldmoose pur men uo sida	relia.			
							7-7-76	ate)	Fill out only Sections I, well name or number, or transpor	II. III. and VI for changes of owner, rten or other such change of condition.
										at be filed for each pool in multiply
			٠ =		* • • • • • • • • • • • • • • • • • • •	The second secon	1.1.1.			

Separate Forms C-104 must be filed for each pool in multiply