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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			
	SANTA FE			Form C-104	
	FILE	NEGOEST.	AND	Supersedes Old C-104 and C-110 Effective 1-1-65	
	J.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (CAC	
	LAND OFFICE		AND NATURAL (SAS	
	TRANSPORTER OIL				
	GAS /				
	OPERATOR 3				
1.	PRORATION OFFICE Operator				
	Caulkins Oil Company				
	Address Caulkins Oil Company				
	P.O. Box 780 Farmington, New Mexico				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:		03:00	
	Recompletion	OII Dry Go	and Chacra	ctured Cliffs	
	Change in Ownership	Casinghead Gas Conde	allu Matra		
1					
	If change of ownership give name and address of previous owner				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
Breech "E" Well No. Pool Name, Including Formation Kind of Lease				e Lease No.	
				or Fee Fed. NI 03551	
				1	
	Unix Letter D : 1190 Feet From The North Line and 990 Feet From The West				
Line of Section 4 Township 26 N Range 6 W , NMPM, Rio Arriba					
				riba County	
III.		TER OF OIL AND NATURAL GA			
	dame of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	17 17 17 17 17 17 17 17 17 17 17 17 17 1				
	Gas Company of Ne		1508 Pacific Ave,		
	If well produces oil or liquids, give location of tanks.	Unit- Sec. Twp. Pige.	Is gas actually connected? Wh	1	
	<u> </u>		yes	4-7-78	
		th that from any other lease or pool,	give commingling order number:	R-56L3	
1 V .	COMPLETION DATA	Oil Wel: Gas Well New Well Workover Deeper Plug Back Same Besty Diff Books			
	Designate Type of Completi		J. Seepen	Find Buck Same Nes-V. Diff. Mes-V.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-20-78	4-6-78	4020	4020	
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth	
	6540 GR	Chacra & Pictured Cl	1	3960	
	Perforations 3012 to 3018	3030 to 3050	10.113)012	Depth Casing Shoe	
	3903.3913 3921 393	28,3934,3940,3966,398	33 3 0 8 0		
		TUBING, CASING, ANI	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
	12 1/4"	8 5/8"	DEPTH SET	150	
	7 7/3"	4 1/2"	4020	763	
1		1"	3960		
Ì					
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	DIL WELL able for this depth or be for full 24 hours)				
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		+			
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF	
ļ		<u> </u>			
r	GAS WELL	I are the of T	Inv. 6		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	94	24 hrs Tubing Pressure(Shut-in)			
	Testing Method (pitot, back pr.)		Casing Pressure (Shut-in)	Choke Size	
- 1	Turned on line to	Gas Company of New 1	Pexico 4-7-73	1	

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.

Foreman

4-13-78

OIL CONSERVATION COMMISSION APPROVED_ ___, 19 __ BY triginal ingred a

This form is to be filed in compliance with RULE 1104.

TITLE __

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. Senerate Forms C-104 must be filled for each need in multiply