

DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		2
PRORATION OFFICE		

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)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Commingled pictured cliffs and chacra
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech B	Well No. 121	Pool Name, Including Formation South Blanco P.C., Chacra	Kind of Lease State, Federal or Fee Fed. N.M.	Lease No. 03381
Location Unit Letter <u>D</u> ; <u>930</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1508 Pacific Ave, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	8-16-78

If this production is commingled with that from any other lease or pool, give commingling order number: R-5648

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X						
Date Spudded 6-28-77	Date Compl. Ready to Prod. 8-15-78	Total Depth 3950	P.B.T.D. 3950					
Elevations (DF, RKB, RT, GR, etc.) 6600 gr.	Name of Producing Formation PC and Chacra	Top Oil/Gas Pay 2902	Tubing Depth 3840					
Perforations 2902 - 2956	3822-3912		Depth Casing Shoe 3950					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		143		150			
7 7/8"	4 1/2"		3950		710			
	1 1/4"		3840					

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 171	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) turned on line	Tubing Pressure (Shut-in) Gas Company of New Mexico	Casing Pressure (Shut-in) 8-16-78	Choke Size

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.

Deuzpe Blonett
(Signature)
Production Foreman
8-28-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE SUPERVISOR DIST. #2

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 multiple