DISTRIBUTION  ANTA FE  FILE  J.S.G.S.	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- Effective 1-1-55 PAL GAS
LAND OFFICE  I RANSPORTER OIL  GAS /  OPERATOR 3  PRORATION OFFICE  Operator			
Caulkins Oi	.1 Company		
	O, Bloomfield, New M	lexico 87413	
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain	)
Recompletion Change in Ownership	Oll Dry G Casinghead Gas Conde		
change of ownership give name nd address of previous owner			
DESCRIPTION OF WELL AND			
Breech "B"	Well No. Pool Name, Including F		Lease No. 1 Lease
Location DI George	1 19)   Dough Branc	:0 PG	Fied MMO330
Unit Letter M : 86	Feet From The South Li	ne and 950 Feet	From The West
Line of Section 7 To	wnship 26 North Range 6	West , NMPM, Ri	lo Arriba County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G		approved copy of this form is to be sent)
Name of Authorized Transporter of Co	isinghead Gas or Dry Gas 🌠	Address (Give address to which	approved copy of this form is to be sent)
Gas Company of Nev			Ave., Dallas Texas
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	ith that from any other lease or pool,	NO give commingling order numbe	r:
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	
Designate Type of Completi	X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-5-77 Elevations (DF, RKB, RT, GR, etc.)	7-30-77 Name of Producing Formation	3900 Top Oil/Gas Pay	3900 Tubing Depth
6500 Gr.	Pictured Cliffs	2780	2830
Perforations 2780 to	2810		Depth Casing Shoe
2700 00		D CEMENTING RECORD	3900
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	141	150
7 7/8"	4 1/2" 1 1/4"	3900 2830	690
	<u> </u>	2030	
	OR ALLOWABLE (Test must be a	after recovery of total volume of lo	ad oil and must be equal to a second top all
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choxe Siles
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCR
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
863	3 hr. Tubing Pressure(Shut-in)		
Testing Method (pitot, back pr.)	•	Casing Pressure (Shut-in)	Choke Size
Back Pressure	<u>  825</u>	825	3/4" ERVATION COMMISSION
CERTIFICATE OF COMPLIAN			

Superintendent

(Date)

8-11-77

TITLE PETROLSUM MAKE 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, all name or number, or transporter, or other such change of condition.

Sanarata Engma Calld must be filled for each nool in multiply