J. UF 60-123		16	1
DISTRIBUTION			
SANTA FE			
FILE		1	7
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Operator			

7-27-79

(Date)

	DISTRIBUTION SANTA FE			CONSERVATION COMMIS	SION	Form C-104 Supersedes Old C-104 and C-11				
	FILE			AND	Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NA	TURAL GAS						
	LAND OFFICE	1			TOTAL OAD					
	TRANSPORTER OIL									
	GAS /									
	OPERATOR 3	3								
1.	PRORATION OFFICE									
	Operator									
	Caulkins Oil	Company	У							
	Address	ress								
	P.O. Box 780,	Farmin	ngton, New Mexico							
	eason(s) for filing (Check proper box) Other (Please explain)									
	New Well		Change in Transporter of:							
	Recompletion		Oil Dry Go	s Comming1	ed Pictured	Cliffs and Chacra				
	Change in Ownership		Casinghead Gas Conde							
										
	If change of ownership give no and address of previous owner			•						
	and address of previous owner									
II.	DESCRIPTION OF WELL	AND LEA	ASE							
	Lease Name		Well No. Pool Name, Including F	`ormation K	ind of Lease	Legse No.				
Breech B 193 Oter Chacra				s	tate, Federal or Fee	Fed. NM-03381				
	Location		1175 Ocerochacia			Fed. NM-03381				
	Unit Letter M ;	860	Feet From The South Lin	. 050		TT 4-				
	Onit Letter; _		reet from the <u>SOUCH</u>	ne and 300	Feet From The	west				
	Line of Section 7	Townsh	ip 26 North Range 6	6 West , NMPM.	Rio Arriba	_				
		10,11311	ip 20 HOLEH Hange	b West , NMPM,	KIO ALLIDA	County				
HI	DESIGNATION OF TRANS	DODTED	R OF OIL AND NATURAL GA	v c						
111.	Name of Authorized Transporter				which approved conv	of this form is to be sent)				
				(0.000 000,000 00	штеп прриосей сору	of this form is to be sent?				
	Name of Authorized Transporter	of Castnat	nead Gas or Dry Gas 📆	Address (Cive address to	which consend	of this form is to be sent)				
	1		<u> </u>	_		•				
	Gas Company o	I New I		1508 Pacific Av		Texas				
	If well produces oil or liquids,	, 011	It Sec. Twp. Rge.	Is gas actually connected? When						
	give location of tanks.									
		ed with th	nat from any other lease or pool,	give commingling order n	umber: R-5	648				
IV.	COMPLETION DATA		Oil Well Gas Well	15						
	Designate Type of Com	oletion -	- (X)	New Well Workover	Deepen Plug E	Back Same Res'v. Diff. Res'v.				
			, X	 	· 	111111				
	Date Spudded	ł	te Compl. Ready to Prod.	Total Depth	P.B.T	.D.				
	7-5-77		7-30-77	3900		3900				
	Elevations (DF, RKB, RT, GR,	· i	me of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth				
	6500 Gr.		Chacra	<u> </u>		3695				
	Perforations		Dept		Casing Shoe					
	3677 to 3772			3900						
			TUBING, CASING, AND	D CEMENTING RECORD						
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
	12 1/4"		8 5/8"	141		150				
	7 7/8"		4 1/2"	3900		690				
			1"	3695		- V-2V				
		····		1						
v	TEST DATA AND DECLIE	T FOP	ALLOWABLE (Test must be a	feer renowers of secol and	of load attack	h ha annal an ann an				
٧.	OIL WELL	or role	able for this de	epth or be for full 24 hours)	oj toda oti ana musi	to a squat to or exceed top attom				
	Date First New Oil Run To Tani	Da Da	te of Test	Producing Method (Flow,)	oump, gas lift, etc.)					
		•								
	Length of Test	Tu	bing Pressure	Casing Pressure	Choke	Size				
	Actual Prod. During Test	011	l-Bbls.	Water - Bbls.	Gas-)	MCF				
						,				
	<u> </u>					<u>i</u>				
	OAG WENT									
	GAS WELL	11.	ngth of Test	Dil. C. 1 08/07	15					
	Actual Prod. Test-MCF/D	L.	•	Bbls. Condensate/MMCF	Gravit	y of Condensate				
	185		24 hrs.							
	Testing Method (pitot, back pr.)		bing Pressure (Shut-in)	Casing Pressure (Shut-i	n) Choke	Size				
	Gas Company of New M	ex.	480	480						
VI.	CERTIFICATE OF COMPI	JANCE		OIL CO	NSERVATION	COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			1							
			APPROVED, 19							
			1							
above is true and complete to the best of my knowledge and belief.				BY Original and						
		١		DEPUTY OF						
	/)	1		IIILE VE						
Coharles E Cerquer (Signature)			This form is to be filed in compliance with RULE 1104.							
Kokallis (. Vergill				If this is a request for allowable for a newly drilled or deepened						
		(Signature	1/	well, this form must b	e accompanied by	a tabulation of the deviation				
	Superintender		tests taken on the we							
(Title)				All sections of the		iled out completely for allow-				

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 filled for each cool in multiply