	,	ζ,		/ .	
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION		
	SANTA FE		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
	FILE	]	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATU	DAL CAS	
	LAND OFFICE		THE SKY OF AND NATU	RAL GAS	
	TRANSPORTER OIL /				
	GAS /	_			
	OPERATOR 7				
1.	PRORATION OFFICE				
	Operator				
	Caulkins Oil Co	ompany			
	Address				
	P.O. Box 780 Fa	rmington, New Mexico			
	Reason(s) for filing (Check proper bo	ox)	Other (Please explai	n)	
	New Well Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership	Casinghead Gas Cond	ensate	•	
	If change of ownership give name and address of previous owner				
	•			·	
H.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation   Kind c	of Lease	
	Breech C			Ledse No.	
	Location	744 South Blanc	O PO Jaidle,	redered or Fee Fed NM 03554	
	Λ 03	O Nowth	02.0		
	Unit Letter A : 930 Feet From The North Line and 930 Feet From The East				
	Line of Section 14 Township 26N Range 6W , NMPM, Rio Arriba County				
	3.5	ZOIV Mange	OW , NMPM, R	LO Arriba County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)				
	! !	<del></del>		in the same of the same of the same	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 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,	Unit Sec. Twp. Rge.	Is gas actually connected?	B. Dallas, Texas	
	give location of tanks.		No	1	
	If this production is commingled w	ith that from any other lease or pool,			
	COMPLETION DATA	ith that from any other lease or poor,	, give comminging order number	:F:	
	[	Oil Well Gas Well	New Well Workover Deep	pen Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completi	$\operatorname{con} - (X)$ X	X	1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	7-22-78	8-22-78	3150	3150	
i	7-22-78 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6616 Gr	Pictured Cliffs	3074	3075	
	Perforations			Depth Casing Shoe	
	3074 to 313	0		3150	
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	102'	125	
	7 7/8"	1, 1/2"	31501		
		1 1 1	30751	550	
v.	TEST DATA AND REQUEST E	OR ALLOWARIE (Tare must be	after recovery of seed well well as a file		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL WELL				
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
- 1					
ľ	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas-MCF	
				1 8m, 100 h	
,		<u> </u>	·	14 -11	
	GAS WELL			SEP 12 COM.	
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condekagie 7. 3	
	1302	3 hrs		OIL DIZ.	
t	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
J	Back pressure	94.5	950		
VI	CERTIFICATE OF COMPLIAN		11	3/4"	
¥ # * '	CEMIFICATE OF COMPEIAN	CL	11	ERVATION COMMISSION	
_	I hambu ne stër store t		SEP 1 4 1978 19		

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.

APPROVED

Dourage Blancett (Signature)
(Signature)
Prod. Foreman
(Title)
8-30-78

(Date)

TITLE \_ 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. Sanarata Forms C-104 must be filed for each and in multiply