ı	.u. up cories .	41		1				
	DISTRIBUTION			Γ	1			
Ì	SANTA FE				1			
	FILE				7			
	u.s.g.s.				1			
	LAND OFFICE							
	TRANSPORTER	OIL	1		1			
		GAS	,		7			
į	OPERATOR				1			
	PRORATION OFFICE				7			
	Operator							
	Caulkins Oi							
	Address							
		P.O.	Вс	x	78			
	Reason(s) for filing (Check proper box)							
	Vew Well							
		Ħ						

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	DISTRIBUTION SANTA FE		CONSERVATION COMMISSI				
	FILE /	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-1. Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR.		TURAL GAS			
	LAND OFFICE						
	TRANSPORTER GAS /	-					
	OPERATOR 2						
1.	PRORATION OFFICE Operator						
	Caulkins Oil Company						
	P.O. Box 780 Farmington, New Mexico						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New We!1	Change in Transporter of: Oil Dry G					
	Change in Ownership	Casinghead Gas Conde	⊢				
•	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND LEASE						
	Lease Name	Well No. Pool Name, Including F	1	d of Lease Lease No. te, Federal or FeeFed NM 03733			
	Breech Location		a	rederds or reeFed NM 03733			
	Unit Letter A ; 830	Teet From The North Lin	ne and <u>830</u> F	eet From The East			
	Line of Section 18 To	wnship 26N Range	6W , nmpm,	Rio Arriba county			
III.	DESIGNATION OF TRANSPORT		AS	ich approved assertable form in the			
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Corp. P.O. Box 1940 Bloomfield, New Mexico						
	Name of Authorized Transporter of Car	or Dry Gas	Address (Give address to wi	sich approved copy of this form is to be sent)			
	Gas Company of M	as Company of New Mexico 1508 Pacific Ave, Dalla					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. A 18 26N 6W No						
	If this production is commingled wi	th that from any other lease or pool,		nber:			
IV.	COMPLETION DATA	Oil Well Gas Well					
	Designate Type of Completic		New Well Workover D	Peepen Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	4-13-78	6-20-78	7325'	7325'			
	Elevations (DF, RKB, RT, GR, etc.) 6384 Gr	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			7115 Depth Casing Shoe			
	7194' to 6979'	21 hole		7325!			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	9 5/8"	3781	SACKS CEMENT			
	7 7/8"	7"	7325	955			
		2 3/8"	7115'				
٠,	TOTAL AND DECLIEST E	OD ALLOWADIE (T					
٧.	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 allow able 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			
				The state of the s			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gds-MCF			
			<u> </u>	A factor of the Control of the Contr			
	GAS WELL Well shut in for Packer and Potential Tests.						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Informa Testing Method (pitot, back pr.)	tion will be sent will tubing Pressure (Shut-in)	hen available. Casing Pressure (Shut-in)	Choke Size			
	Total Method (phot) con priy						
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CON	ISERVATION COMMISSION			
			OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by FRANK I. JAA/EZ				
	above is true and complete to the	The state of the s		Y OIL & GAS INSPECTOR, DIST. #3			
			TITLE DEPUTY GIL	8 DAS INSPECTOR, DIST. IF			
			This form is to be	filed in compliance with RULE 1104.			
	Donage Blancett		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				
	(Sienature) II Well, this lotte			in accordance with RULE 111.			
	rrou roi	<u> </u>	II All sections of this	form must be filled out completely for allow-			

(Title) . 6-21-78 (Date)

All sections of this form must be able 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 filed for each pool in multiply