. U. UF EUFIEL .			,	
DISTRIBUTION		6		
SANTA FE		7		
FILE		1	_	-
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	17		
	GAS	i		
OPERATOR		12		
PRORATION OFFICE				

DISTRIBUTION SANTA FE FILE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G.S. LAND OFFICE I RANSPORTER OIL / GAS / OPERATOR 7	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (SAS		
Operator Caulkins Of	il Company				
Address P O Boy 79	30 Farmington Nov. W.				
Reason(s) for filing (Check proper bo	30 Farmington, New Me	Other (Please explain)			
New We!1 Recompletion Change in Ownership	Change In Transporter of: Oil Dry G Casinghead Gas Conde	Mesa Verde, Ch	acra & Pictured Cliff		
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including I	Compilion			
Breech Location	228 South Blanc		Leds, 140.		
Unit Letter A : 830) Feet From The North Li	ne and 830 Feet From 7	The East		
Line of Section 18 To	ownship 26N Range	6W , NMPM, Rio A	rriba county		
II. DESIGNATION OF TRANSPOR		AS Address (Give address to which approv	ed copy of this form is to be sent)		
Name of Authorized Transporter of Ca	usinghead Gas 🔲 or Dry Gas 📉	Address (Give address to which approv	ed copy of this form is to be sent)		
Gas Company of N		1508 Pacific Ave. D	· 1		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? When			
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		R-5648		
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	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 Perforations	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2712'	Tubing Depth 5069		
2718 to 2816	9 holes		Depth Casing Shoe		
		CEMENTING RECORD	1323		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
13 3/4" 7 7/8"	9 5/8"	378*	250		
1 1/0	1 1/4"	7325 ' 5069	955		
V. TEST DATA AND REQUEST F		fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)		
Longth of Total	Tubles December				
Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Choke Size		
Actual Floor Burning Foot		Title - Buis.	Gas-MCF		
GAS WELL Well shu	t in for Packer and Length of Test	Potential Tests.	Gravity of Copidence of St. Copies		
Information will	1	ble.	OETCON, COM.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
I. CERTIFICATE OF COMPLIANCE	CE	•	FION COMMISSION		
I hereby certify that the rules and a Commission have been complied we above is true and complete to the	ith and that the information given	Original Signed by	3 1973 Wasse 1. Other I.		
	_	TITLE DEPUTY OIL & GAS IN	S. C. S. S. S. J. S. S. J. S.		
Dona to BO	Doursepe Blancitt (Signature)		This form is to be filed in compliance with RULE 1104.		
		well, this form must be accompani	ble for a newly drilled or deepened ed by a tabulation of the deviation		
Prod. Foreman		tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-			
6 – 21–78	le)	able on new and recompleted well	is.		
(Da	te)		III, and VI for changes of owner, or other such change of condition.		

well name or number, or transporter, or other such change of condition.

Sanarate Forms C-104 must be a first formula for the such change of condition.

Senerate Forms C-104 must be filed for each need in multiplu