

|                  |     |   |
|------------------|-----|---|
| DISTRIBUTION     |     | 6 |
| SANTA FE         |     | 1 |
| FILE             |     | 1 |
| U.S.G.S.         |     |   |
| LAND OFFICE      |     |   |
| TRANSPORTER      | OIL |   |
|                  | GAS | 1 |
| OPERATOR         |     | 3 |
| PRORATION OFFICE |     |   |

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-110  
Effective 1-1-65

I. Operator  
Caulkins Oil Company  
Address  
P.O. Box 780 Farmington, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Breech "D" Well No. 346 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Fed NM Lease No. 03553  
Location  
Unit Letter A : 900 Feet From The North Line and 900 Feet From The East  
Line of Section 22 Township 26 N Range 6 W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
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, give location of tanks. Unit A Sec. 22 Twp. 26N Rge. 6W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded 3-21-78 Date Compl. Ready to Prod. 7-7-78 Total Depth 7620 P.B.T.D. 7620  
Elevations (DF, RKB, RT, GR, etc.) 6689 Gr Name of Producing Formation Dakota Top Oil/Gas Pay 7264 Tubing Depth 7480  
Perforations 7264 to 7480 Depth Casing Shoe 7620  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
13 3/4" 9 5/8 249 200  
7 7/8 5 1/2 7620 1460  
2 3/8 7480

V. 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 allowable 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 |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

GAS WELL  
Actual Prod. Test-MCF/D 1,727 Length of Test 3 hrs Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Back pressure Tubing Pressure (Shut-in) 2275 Casing Pressure (Shut-in) 2175 Choke Size 3/4

VI. CERTIFICATE OF COMPLIANCE  
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.  
Dorothy Blanchett (Signature)  
Prod. Foreman (Title)  
7-28-79 (Date)  
OIL CONSERVATION COMMISSION  
APPROVED AUG 11 1978  
BY Original Signed by FRANK J. CHAVEZ  
DEPUTY OIL & GAS INSPECTOR, DIST. #3  
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.  
Separate Forms C-104 must be filed for each pool in multiple