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Appropriate District Office  
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DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Caulkins Oil Company		Well API No.
Address P.O. Box 340 Bloomfield, New Mexico 87413		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Breech "C"	Well No. 144-E	Pool Name, Including Formation South Blanco Tocito	Kind of Lease State, Federal or Fee	Lease No. NM 03554
Location Unit Letter <u>C</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>1650'</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>26 North</u> Range <u>6 West</u> , NMMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>12</u>	Twp. <u>26N</u>	Rge. <u>6W</u>	Is gas actually connected? <u>No</u>	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 <u>X</u>	Gas Well	New Well <u>X</u>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>5-30-90</u>	Date Compl. Ready to Prod. <u>7-19-90</u>		Total Depth <u>7647'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>6630 GR</u>	Name of Producing Formation <u>Tocito</u>		Top of Casing <u>6894'</u>		Tubing Depth <u>6870'</u>			
Perforations <u>6896' to 6920'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH		SACKS CEMENT			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>451'</u>		<u>287.5 Cu. Ft.</u>			
<u>8 3/4"</u>	<u>7"</u>		<u>7647'</u>		<u>2197 Cu. Ft.</u>			
	<u>2 3/8"</u>		<u>6870'</u>					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <u>7-26-90</u>	Date of Test <u>7-26-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>3 Hours</u>	Tubing Pressure <u>125</u>	Casing Pressure <u>380</u>	Choke Size <u>64</u>
Actual Prod. During Test <u>7</u>	Oil - Bbls. <u>7</u>	Water - Bbls. <u>Trace</u>	Gas - MCF <u>23</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature Charles E. Verquer  
Printed Name Charles E. Verquer Superintendent  
Date 7-30-90 Telephone No. 505-632-1544

OIL CONSERVATION DIVISION  
DIST. 3

Date Approved NOV 08 1990

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.