

NEW MEXICO OIL CONSERVATION COMMISSION	
Santa Fe, New Mexico	
REQUEST FOR (OIL) - (GAS) ALLOWABLE	
Form C-104 Revised 7/1/57	
DISTRIBUTION	
SALE OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPLETION

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, N. M.

10-12-61

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Caulkins Oil Company

(Company or Operator)

Breach "A"

(Lease)

Well No. PC-133, in NW $\frac{1}{4}$, NW $\frac{1}{4}$,

D 10 26 N, 6 W, NMPM., South Blanco Pictured Cliffs Pool

Unit Letter

Rio Arriba

County. Date Spudded 12-4-51

Date Drilling Completed 12-16-51

Please indicate location:

Elevation 6586 GL Total Depth 3118 PBDT 3118

Top Oil/Gas Pay 3027 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole 3048 to 3118 Depth 3048 Casing Shoe 3048 Depth 3048 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: No potential test taken following frac. Well is to start deliverability test 10-15-61

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: Oct 16 1961, 19____

Caulkins Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed

By: A. R. KENDRICK

By: Frank Gray

(Signature)

Title: Superintendent

Send Communications regarding well to:

Name: Frank Gray

Title: RETROLEUM ENGINEER, DIST. NO. 3

RELEASE 5-1-1961

FILE # 100-

FILE # 100-

FILE # 100-

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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