DISTRIBUTION MEW MEDICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE 1 AND ប**.s.**g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL 1 TRANSPORTER OPERATOR PRORATION OFFICE Operator Caulkins Oil Company Address P.O. Box 780, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. 268 Basin Dakota State, Federal or Fee State 291–1 Location 1980 Feet From The North ·H 660 East Unit Letter Line and Feet From The 16 26 Line of Section Township N6 W, NMPM. Range Rio Arriba County Address (Give address to which approved copy of this form is to be sent) Shell Pipeline Name of Authorized Transporter of Casinghead Gas P.O. Box 1588, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Gas Company of New Mexico 1508 Pacific Ave., Dallas, Texas Twp. P.ge. If well produces oil or liquids, Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Date Compl. Ready to Prod. Date Spudded Total Depth P.B.T.D. 12-15-50 Elevations (DF, RKB, RT, GR, etc.) 3-51 Name of Producing Formation 763.7 7374 Top Oll/Gas Pay 6496 Dakota 7104 7103Perforations Depth Casing Sho 7104-7326 7374 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13 3/4" 9 5/8" <u>508</u> 250 5/8" 7" 9 7120 250 1211 6739 to 73.74 150 3/8" 7103 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to it exceed top allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure **N**0V221976 Actual Prod. During Test Oil-Bbls. Water - Bbls. BIL CON. DIST. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION NUV APPROVED 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. By Original Signed by A. R. Wendrick SUPERVISOR

Superintendent

(Title)

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(Date)

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.

able on new and recompleted wells.

All sections of this form must be filled out completely for allow-

Sanarata Forms C-104 must be filed for each pool in multiply

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.