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(RANSPORTER	011.			
	GAS	[/]		
OPERATOR		(
PRORATION OFFICE				
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	DISTRIBUTION 7 SANTA FE / FILE U.S.G.3. LAND OFFICE (RANSPORTER GAS /	REQUEST F	NSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
,	OPERATOR (
•	Caulkins Oil Compa	ากซ				
	Address					
	Post Office Box (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Castaghead Gas Condens	Other (Please explain)	connection		
	If change of ownership give name and address of previous owner					
13.	DESCRIPTION OF WELL AND L	Well No. Pool Name, including Fo	.	374 00 17 01		
	Unit Letter L : 1650	Feet From The South Line	and 1090 Feet From	The West		
		nship 27 N Range	6W , ммрм, R	io Arriba County		
m.	DESIGNATION OF TRANSPORT	er of oil AND NATURAL GA	Address (Othe dadress to million app.	roved copy of this form is to be sent)		
	Norme of Authorized Transporter of Cas. Southern Union Gas	s Company	Fidelity Union Tower 1508 Pacific Avenue.D	roved copy of this form is to be sent) Building allas, Texas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected?			
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
\$V.	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.O.		
	5-31-52 Elevations (DF, RKB, RT, GR, etc.)	6-11-52 Name of Producing Formation	3202 Top Cil/Gas Pay	Tubing Depth		
	6641: DF	Pictured Cliffs		31.00		
	Perforations None	A		Depth Casing Shoe		
	None	TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 1/2"	10 3/4"	1,09	200		
	7 7/8"	5 1/2	3106			
	X4C):	711	3100	W. F. B.		
	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume Allowable for all 24 hours) OU. WELL					
V	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL Date First New Oil Run To Tanks Date of Test Date of Test Producing Method (Flow, pump, gas lift, explicitly for the form)		S. C.			
	Length of Test	Tubing Pressure	Casing Pressure	ON COSEPAC		
		OIL-Bbls.	Water - Bbls.	HS Gas-MOF		
	Actual Prod. During Test	Off-Bbig.				
	GAS WELL Below test c Actual Prod. Tout-MCF/D 57 MCFPD	ompleted thru Southern I Length of Test 21 hrs.		Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	cheke Size 1/2" orifice plate		
	See above	919	919			
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUN 7 1974				
	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. (Signature) Superintendent (Title)		ByOriginal Sig	Steel by 12-17 No. 1-1-17		
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend 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.			

(Date)

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