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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| 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
Post Office Box 780, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ Change name of Gas Transporter
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name Breech F | Well No. 4 | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee Fed. | Lease No. NM 03547 |
| Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 33 Township 27 N Range 6W , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------|-------------|------------|-----------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mex. | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico | Address (Give address to which approved copy of this form is to be sent) 1508 Pacific Ave., Dallas, Texas | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 33 | Twp. 27N | Rge. 6W | Is gas actually connected? Yes | 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. |
| | | X | | | | | | |
| Date Spudded 5-29-59 | Date Compl. Ready to Prod. 7-30-59 | Total Depth 7800 | P.B.T.D. XX7390 7800 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6699 KB | Name of Producing Formation Mesa Verde | Top Oil/Gas Pay 5454 | Tubing Depth 5507 | | | | | |
| Perforations 5454 to 5594 | Depth Casing Shoe 7800 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 | 10 3/4 | | 262 | | 190 | | | |
| 8 3/4 | 5 1/2 | | 7800 | | 880 | | | |
| | 11 7/8 | | 5507 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be conducted at least 24 hours before 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 1277 | Length of Test 3 hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Back Press | Tubing Pressure (Shut-in) 1060 | Casing Pressure (Shut-in) 1060 | 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.

Charles E. Vengue
(Signature)

Superintendent

November 5, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 22 1976, 19

BY Original Signed by A. B. Kendrick

TITLE SUPERVISOR DIST. 3

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 multiply completed wells.