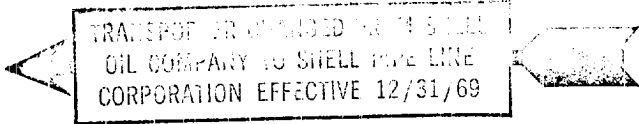


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRODUCTION OFFICE	

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. **Carrier**

Cauldins Oil Company

Address: **P. O. Box 780, Farmington, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

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. Pool Name, including Formation 45 Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal
Location: Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 35 , Township 27 North Range 6 West , 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 checked="" 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 Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Building 1507 Pacific Avenue, Dallas 1, Texas
If well produces oil or liquids, give location of tanks. Unit M Sec 35 Twp 27N Rge. 6W P 9 26N 6W	Is gas actually connected? No When 10-5-65

If this production is commingled with that from any other lease or pool, give commingling order number: _____

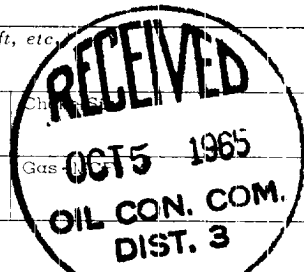
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-20-65	Date Compl. Ready to Prod. 6-24-65		Total Depth 7642		P.B.T.D. 7620			
Pool Blanco Mesa Verde	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4366		Tubing Depth 5185			
Perforations 4866-4870 8 holes, 4876-4888 24 holes, 5208-5216 16 holes, 5302-5312 20 holes, 5368-5373 10 holes, 5390-5396 12 holes, 5430-5444 28 holes					Depth Casing Shoe 7642			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16-3/4"	10-3/4" OD 32.75#		258		200			
8-3/4"	5-1/2" OD 15.5 & 17.0#		7642		925			

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 top allowable 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 1326	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BP	Tubing Pressure SI 910 3 hr Flow 81	Casing Pressure SI 914 3 hr Flow 572	Choke Size .75"

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.

Frank Bray
(Signature)

Superintendent
(Title)

10-5-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Superintendent 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.

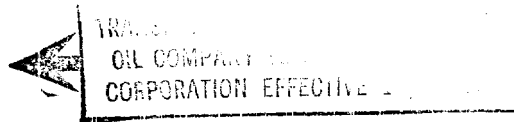
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

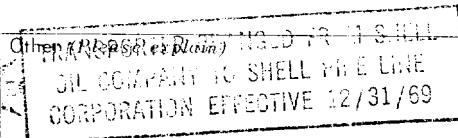
NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C-110
Effective 1-1-65



I. **Operator**
Caulkins Oil Company
Address:
P.O. Box 780, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
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. 45	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location: Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 35 , Township 27 North Range 6 West , 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 checked="" 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 Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Building 1507 Pacific Avenue, Dallas 1, Texas	
If well produces oil or liquids, give location of tanks. P 9 26N 6W	Unit M Sec. 35 Twp. 27N Rge. 6W No	Is gas actually connected? When 10-5-65

If this production is commingled with that from any other lease or pool, give commingling order number:

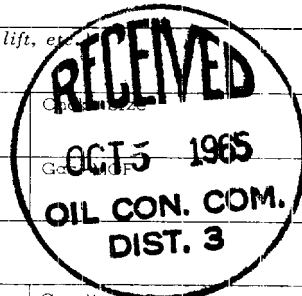
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded 4-20-65	Date Compl. Ready to Prod. 6-24-65	Total Depth 7642	P.B.T.D. 7620				
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7378	Tubing Depth 7348				
Perforations 7378-7384 24 holes, 7398-7420 44 holes, 7504-7519 56 holes, 7554-7568 56 holes, 7590-7608 72 holes	Depth Casing Shoe 7642						
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 13-3/4"	CASING & TUBING SIZE 10-3/4" OD 32.75#		DEPTH SET 258		SACKS CEMENT 200		
8-3/4"	5-1/2" OD 15.5 & 17#		7642		925		

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 top allowable 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MMCF/D 5378	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) BP	Tubing Pressure SI 2372 3 hr Flow 361	Casing Pressure Packer	Choke Size .75"

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.

(Signature)
Superintendent

(Title)
10-5-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 5 1965**, 19
BY **Original Signed Harry L. Gray**
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 Sections I, II, III, and VI only 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.