

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
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 QUADRUPPLICATE 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, ~~1962 Nov 20~~ **11-19-62** being 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.

P. O. Box 4395, Midland, Texas 11-19-62

(Place)

(Date)

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

Cabot Corporation **State Of New Mexico "M"**, Well No. **1**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B **22**, T **11-S**, R **33-E**, NMPM, **N. Bagley (Upper Penn.)** Pool

Unit Letter

Lea

County, Date Spudded **10-2-62** Date Drilling Completed **11-11-62**

Elevation **4250.4** Total Depth **9480** FBTD

Please indicate location:

Top Oil/Gas Pay **9435** Name of Prod. Form. **Upper Penn.**

PRODUCING INTERVAL -
9444 - 9453 (R. A.)

Perforations _____
Open Hole _____ Depth **9480** Depth **9400**
Casing Shoe _____ 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): **285** bbls. oil, **175** bbls water in **24** hrs, _____ min. Size **32/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	345	325
8-5/8	3792	350
4-1/2	9480	240
2" EUE	9400	

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): **500 Gals. Mud acid**

Casing Press. **0** Tubing Press. **4500** Date first new oil run to tanks **11-18-62**

Oil Transporter **Indiana Oil Purchasing Co. (Trucks)**

Gas Transporter **Warren Petroleum Co.**

Remarks:

Addition to existing pool.

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

Cabot Corporation

Approved _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: **Percy C. O'Quinn**

(Signature)

Title: **Dist. Prod. Sup't.**

Send Communications regarding well to:

Percy C. O'Quinn

Name

Address: **Box 4395, Midland, Texas**

Title _____