

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 QUADRUPLICATE 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, provided this form is filed during 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.

Box 4395, Midland, Texas **3-25-63**
(Place) (Date)

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

Cabot Corporation State of New Mexico "N", Well No. **1**, in **SW 1/4 NE 1/4**,
(Company or Operator) (Lease)
G, Sec. **35**, T **10-S**, R **33-E**, NMPM, **S. Lane Pennsylvanian** Pool
Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	No. 1	H
L	K	J	I
M	N	O	P

County. Date Spudded **12-14-62** Date Drilling Completed **1-18-63**
Elevation **4195** Total Depth **9830** FBTD

Top Oil/Gas Pay **9774** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9774-9778 (GR)**

Open Hole Depth **9830** Casing Shoe Depth **6000** 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): **61** bbls. oil, **299** bbls water in **24** hrs, **0** min. Size **2"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	359	350
8-5/8	3952	350
4-1/2	9818	150
2" NUP	6000	-

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): _____

Casing Tubing Date first new oil run to tanks **3-24-63**
Press. **1000** Press. **3800**

Oil Transporter **Service Pipe Line Co.**

Gas Transporter _____

Remarks:

Extension to South Lane Pennsylvanian.

Well being produced with hydraulic pumping equipment.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____
Title _____

Cabot Corporation
(Company or Operator)

By: **Percy C. Quinn**
(Signature)

Title **Dist. Prod. Sup't.**
Send Communications regarding well to:

Name **Percy C. O'Quinn**

Address **Box 4395, Midland, Texas**