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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

N MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOURS FILED
MAY 25 7 43 AM '64
 O. C. C.
 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, 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.

P. O. Box 4395, Midland, Texas 5-22-64
 (Place) (Date)

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

Cabot Corporation (Company or Operator) **Waller State** (Lease), Well No. **1**, in **SW** 1/4 **SE** 1/4,
Q, Sec. **20**, T. **8-S**, R. **33-E**, NMPM., **Tobac (Penn.)** Pool
 Unit Letter

Chaves County, Date Spudded **4-13-64**, Date Drilling Completed **5-18-64**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

No. 1

Elevation **4394.2** Total Depth **9100'** PBD

Top Oil/Gas Pay **9040** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9040-9050**

Open Hole _____ Depth _____ Casing Shoe **9100** Depth _____ Tubing **9044**

OIL WELL TEST -

Natural Prod. Test: **551** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **20/64** Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

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

(FOOTAGE)
 Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	369	350
8-5/8	3614	350
4-1/2	9100	200
2" TUBING	Tubing	9044

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): **None**

Casing Press. **0** Tubing Press. **525** Date first new oil run to tanks **5-21-64**

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: _____

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

Approved: **MAY 25 1964**, 19_____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Cabot Corporation
 (Company or Operator)

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

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

Send Communications regarding well to:

Name **Percy C. O'Quinn**

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT
5712 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

PHYSICS 439
STATISTICAL MECHANICS
LECTURE NOTES

BY
DAVID A. LUBENSCH

1998



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