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LAND OFFICE	
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

EDBS OFFICE, D. C. C.
 08 PM '69

I. Operator **Cabot Corporation**
 Address **Box 4395, Midland, Texas 79701**
 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 **New Mexico "U" State** Well No. **1** Pool Name, Including Formation **Undesignated R-3818** Kind of Lease **State** Lease No. **K-3845**
 Location **Unit Letter G**; **1980** Feet From The **North** Line and **1980** Feet From The **East**
 Line of Section **4** Township **14-S** Range **33-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) _____
 If well produces oil or liquids, give location of tanks. Unit **0** Sec **32** Twp. **14-S** Rng. **33-E** Is gas actually connected? When _____

CFB-201

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded **May 4, 1969** Date Compl. Ready to Prod. **June 7, 1969** Total Depth **9975'** P.B.T.D. **-**
 Elevation (DE, RKB, RT, GR, etc.) **4236' Gr.** Name of Formation **Pennsylvanian** Top Oil/Gas Pay **9843** Tubing Depth **9742**
 Perforations **9843-50, 9853-55, and 9859-61** Depth Casing Shoe **9975**
 TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	369	350
11	8-5/8	4090	350
7-7/8	4-1/2	9975	250

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 **June 7, 1969** Date of Test **June 8, 1969** Producing Method (Flow, pump, gas lift, etc.) **Flow**
 Length of Test **24** Tubing Pressure **120** Casing Pressure **Pkr.** Choke Size **1"**
 Actual Prod. during Test **432** Oil-Bbls. **216** Water-Bbls. **216** Gas-MCF **291**

GAS WELL
 Actual Prod. Test-MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____
 Testing Method (pitot, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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)
Percy C. Ogden
 Dist. Prod. Sup't.

 (Title)
6-10-69

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY **John W. Runyan**
 Geologist
 TITLE _____
 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.

