

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, 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 1-24-63

(Place)

(Date)

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

Cabot Corporation

(Company or Operator)

Well No. **1**, in **SW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Lease)

E, Sec. **23**, T **11-S**, R. **33-E**, NMPM, North Bagley (Wolfcamp) Pool

Unit Letter

Lea

County. Date Spudded **8-9-62** Date Drilling Completed **9-20-62**

Please indicate location:

Elevation **4244.5** Total Depth **9990'** FBD **8750'**

Top Oil/Gas Pay **8694'** Name of Prod. Form. **Wolfcamp**

PRODUCING INTERVAL -

Perforations **4 holes @ 8694'**

Open Hole _____ Depth _____ Casing Shoe **9599'** Depth _____ Tubing **8500'**

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 Choke load oil used): **156** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **1/2"**

GAS WELL TEST -

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

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 _____ Tubing _____ Date first new _____
Press. **1000** Press. **5500** oil run to tanks **1-23-63**

Oil Transporter **Service Pipe Line Company**

Gas Transporter **Warren Petroleum Company**

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|----------------|--------------|------------|
| 13-3/8" | 331' | 325 |
| 8-5/8" | 3810' | 350 |
| 5-1/2" | 9599' | 325 |
| 2" EUE | 8500' | |

Remarks: _____

Re-completed from Upper Pennsylvanian to Wolfcamp.

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

Approved: _____, 19. _____

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**

OIL CONSERVATION COMMISSION

By: _____

Title _____