

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.

P. O. Box 4395, Midland, Texas 9-28-62

(Place)

(Date)

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

Cabot Corporation State Of New Mexico "L", Well No. 1, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

E Sec. 23, T. 11-S, R. 33-E, NMPM., Midland Pool
Unit Letter

Lea

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

Elevation 4244.5 Total Depth 9990 FBTD 9566

Please indicate location:

Top Oil/Gas Pay 9445 Name of Prod. Form. Upper Pennsylvanian

PRODUCING INTERVAL -

Perforations 9445 - 9458

Open Hole _____ Depth _____ Casing Shoe 9599 Depth Tubing 9440

OIL WELL TEST -

Natural Prod. Test: 200 bbls. oil, 40 bbls water in 24 hrs, 0 min. Choke Size 1/2"

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

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): None

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 9-25-62

Oil Transporter Indiana Oil Purchasing Co. (Trucks)

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>331</u>	<u>325</u>
<u>8-5/8</u>	<u>3810</u>	<u>350</u>
<u>5-1/2</u>	<u>9599</u>	<u>325</u>
<u>2" EUE</u>	<u>9440</u>	<u>-</u>

Remarks: Well was produced into test tank during potential test. Application is being made to commingle production from this lease with Cabot's Humble State No. 1.

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. O'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 _____