

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 8-10-62

(Place)

(Date)

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

Cabot Corporation **Humble State**, Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

D **23** **11-S** **33-E**, NMPM., **Wildcat** Pool
Unit Letter Sec T R

Lea
Unit Letter

County **Lea** Date Spudded **6-16-62** Date Drilling Completed **7-23-62**

Please indicate location:

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

Elevation **4245.70** Total Depth **9535** FBTD **--**

Top Oil/Gas Pay **9446** Name of Prod. Form **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9446-9452**

Open Hole **--** Depth **9535'** Depth **9444'**
Casing Shoe 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): **238** bbls. oil, **102** bbls. water in **24** hrs, **0** min. Size **24/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------------|-------------|------------|
| 13-3/8 | 333 | 325 |
| 9-5/8 | 3800 | 350 |
| 5-1/2 | 9535 | 300 |
| 2"EUE | 9444 | -- |

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): **1,000 Gals mud acid**

Casing **1000** Tubing **6000** Date first new oil run to tanks **8-4-62**
Press. Press.

Oil Transporter **Indiana Oil Purchasing Co. (Trucks)**

Gas Transporter **None**

Remarks: **North Bayley Penn. extension**

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 IF**
(Signature)

OIL CONSERVATION COMMISSION

By _____

Title **Dist. Prod. Supt.**

Send Communications regarding well to:

Title _____

Name **Percy C. O'Quinn**

Address **P.O. Box 4395, Midland, Texas**

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