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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 11 1 13 PM '66

JAN 5 11 27 AM '66

I.

Operator Cabot Corporation	
Address P. O. Box 4395, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. R. Thompson	Well No. 1	Pool Name, Including Formation N. Bagley-Upper Penn.	Kind of Lease State, Federal or Fee Fee
Location North Bagley-Pennsylvanian R 3488			
Unit Letter L	330	Feet From The W Line and 1980	Feet From The S
Line of Section 23	Township 11-S	Range 33-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 337, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit D Sec. 23 Twp. 11-S Rge. 33-E
Is gas actually connected?	When 1-1-63

If this production is commingled with that from any other lease or pool, give commingling order number:

PC-102 CTR-91

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen.	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 11-29-65	Date Compl. Ready to Prod. 1-2-66	Total Depth 9480	P.B.T.D. 9451					
Pool N. Bagley (Upper Penn.) Pennsylvanian	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9433	Tubing Depth 9394					
Perforations 9433'-38' & 9446'-55' (R. A. Log)			Depth Casing Shoe 9480					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4	13-3/8	344	325					
11	8-5/8	2790	350					
7-7/8	5-1/2	9480	210					
	2-3/8" EUE	9394	-					

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 1-2-65	Date of Test 1-3-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test	Oil-Bbls. 130	Water-Bbls. 275	Gas-MCF 179

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Percy C. Ogden
(Signature)

Dist. Prod. Sup't.

(Title)

1-4-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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BY

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 Sections I, II, III, and VI only 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.