

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 4-29-63
(Place) (Date)

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

Cabot Corporation John R. Thompson, Well No. 1, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

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

Lea

County. Date Spudded. 10-12-62 Date Drilling Completed 11-16-62
Elevation 4247.6 Total Depth 9480' FSTD 8526

Please indicate location:

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

Top Oil/Gas Pay 8426 Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 8426' - 8445'

Open Hole _____ Depth 9480' Depth 8400'
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): 165 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 10/64 Choke

GAS WELL TEST -

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

Tubing, Casing, and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>344</u>	<u>325</u>
<u>8-5/8</u>	<u>2790</u>	<u>350</u>
<u>5-1/2</u>	<u>9480</u>	<u>210</u>
<u>2" EUE</u>	<u>8400</u>	

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): 750 gals. mud acid

Casing _____ Tubing _____ Date first new
Press. 1000 Press. 3900 oil run to tanks 4-27-63

Oil Transporter Service Pipe Line Company

Gas Transporter Warren Petroleum Company

Remarks:

North Bagley (Wolfcamp) 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
(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: John R. Thompson

Title: _____