

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PROMOTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

40385 OFFICE OF
AUG 13 3 20 PM '64

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.

Box 4395, Midland, Texas 8-12-64
(Place) (Date)

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

Cabot Corporation **McAlester State "A"**, Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. **32**, T. **8-S**, R. **33-E**, NMPM, **Undesignated** Pool
Unit Letter

Chaves County. Date Spudded **6-7-64** Date Drilling Completed **7-7-64**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation **4386.5** Total Depth **9240** PBTD

Top Oil/Gas Pay **9183** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9183 - 9193**

Open Hole Depth Casing Shoe **9240** Depth Tubing **9175**

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): **152** bbls. oil, **230** bbls. water in **24** hrs, **0** min. Size **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): **Acidized with 6500 gal. mud acid.**

Casing Press. **0** Tubing Press. **0** Date first new oil run to tanks **8-10-64**

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: **Extension to Tobac Pennsylvanian.**

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)

OIL CONSERVATION COMMISSION

By: _____

Title: **Dist. Prod. Sup't.**
Send Communications regarding well to:

Title _____

Name: **Percy C. O'Quinn**