

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

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBBS OFFICE O. C. C. New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any ~~new~~ ^{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 9-15-64
(Place) (Date)

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

Cabot Corporation **Signal State**, Well No. **3**, in **NW 1/4 SE 1/4**,
(Company or Operator) (Lease)
J, Sec. **29**, T. **8-S**, R. **33-E**, NMPM, **Tobac Pennsylvanian** Pool
Unit Letter

Chaves County. Date Spudded **7-2-64** Date Drilling Completed **8-4-64**
Please indicate location: Elevation **4385.3** Total Depth **9140** PBTD **-**

D	C	B	A
E	F	G	H
L	K	J No. 3	I
M	N	O	P

Top Oil/Gas Pay **9082** Name of Prod. Form. **Pennsylvanian**

PRODUCING INTERVAL -

Perforations **9082-86**
Open Hole _____ Depth _____
Casing Shoe **9140** Depth _____
Tubing **9075**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **133** bbls. oil, **1150** bbls water in **24** hrs, **0** min. Choke 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): **2500 gals. Mud Acid**

Casing Press. **0** Tubing Press. **3500** Date first new oil run to tanks **9-14-64**

Oil Transporter **The Permian Corp. (Trucks)**

Gas Transporter **Hearburg & Ingram**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **SEP 17 1964**, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Cabot Corporation
(Company or Operator)

By: **Percy C. Quinn**
(Signature)

Title **Dist. Prod. Sup't.**

Send Communications regarding well to:

Name **Percy C. O'Quinn**