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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Cabot Petroleum Corporation

Address
P. O. Box 5001, Pampa, Texas 79065

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 'T' State	Well No. 4	Pool Name, Including Formation Baum Upper Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3657
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Location
Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East
Line of Section 32 Township 13S Range 33E , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>32</u> Twp. <u>13S</u> Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u> When <u>1/17/84</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <u>XX</u>	Gas Well	New Well <u>XX</u>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>10/9/83</u>	Date Compl. Ready to Prod. <u>1/17/84</u>	Total Depth <u>10,270'</u>	P.B.T.D. <u>10,186'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4243' GR</u>	Name of Producing Formation <u>Permo Penn</u>	Top Oil/Gas Pay <u>9766'</u>	Tubing Depth <u>9912'</u>					
Perforations <u>9766'-9866', 10036'-10074', 10100'-10166'</u>	Depth Casing Shoe <u>-----</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>400'</u>	<u>450 sxs Class C</u>
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>4106'</u>	<u>1600 sxs Howco Lite</u>
			<u>200 sxs Class C</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>10,269'</u>	<u>850 sxs Class H</u>

VI. 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 <u>1/17/84</u>	Date of Test <u>1/25/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>N/A</u>	Casing Pressure <u>50#</u>	Choke Size <u>N/A</u>
Actual Prod. During Test	Oil-Bbls. <u>40</u>	Water-Bbls. <u>75</u>	Gas-MCF <u>105</u>

GAS WELL

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

VII. 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.

Lynn Taylor
(Signature)
Agent
(Title)
1/26/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1984, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 only Sections I, II, III, and VI 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.