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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-110
 Effective 1-1-65

I. OPERATOR
 Operator Cabot Petroleum Corporation
 Address P. O. Box 5001, Pampa, TX 79065
 Reason(s) for filing (Check proper box)
 New Well ☒ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/1/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico 'P' State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Baum Upper Penn</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>K-3138</u>
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>13S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183 Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, Oklahoma</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>33</u> Twp. <u>13S</u> Rge. <u>33E</u>	Is gas actually connected? <u>No</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <u>XX</u>	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>5/12/84</u>	Date Compl. Ready to Prod. <u>7/23/84</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4244' GR</u>	Name of Producing Formation <u>Permo-Penn</u>
Perforations <u>9727'-9837'</u>	Top Oil/Gas Pay <u>9727'</u>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE <u>17 1/2"</u> <u>12 1/4"</u> <u>7 7/8"</u>	CASING & TUBING SIZE <u>13 3/8"</u> <u>8 5/8"</u> <u>5 1/2"</u>
DEPTH SET <u>454'</u> <u>4100'</u> <u>10100'</u>	
SACKS CEMENT <u>450 sxs Class C</u> <u>1600 sxs Lite & 200 sxs Class C</u> <u>650 sxs Class H</u>	

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 <u>7/23/84</u>	Date of Test <u>7/27/84</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>45#</u>
Actual Prod. During Test <u>62</u>	Oil - Bbls. <u>62</u>	Water - Bbls. <u>210</u>
		Gas - MCF <u>50</u>

GAS WELL

Actual Prod. Test-MCF/D <u>50</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>50</u>
Testing Method (pilot, back pr.) <u>Shut-in</u>	Tubing Pressure (Shut-in) <u>45#</u>	Casing Pressure (Shut-in) <u>45#</u>	Choke Size <u>N/A</u>

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.

Len Taylor
 (Signature)
 Agent
 (Title)
8/1/84
 (Date)

OIL CONSERVATION COMMISSION
AUG - 6 1984
 APPROVED _____
 BY ORIGINAL SIGNED BY JERRY AXTON
 DISTRICT I SUPERVISOR
 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 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