NO. OF COPIES REC	i		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE .			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE			

4/27/87

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-1				
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Effective 1-1-65	•		
	U.S.G.S.	S						
	TRANSPORTER GAS							
	OPERATOR	┪						
1	PRORATION OFFICE	†						
4.	Operator							
	Cabot Petroleum Corporation  Address P. O. Box 5001, Pampa, TX 79065							
Reason(s) for filing (Check proper box)  Other (Please explain)								
	New Well X	Change in Transporter of: Oil Dry Go	_					
	Change in Ownership	Oil Dry Go Casinghead Gas Conde	<del></del>					
		Control of Control	nsate					
	If change of ownership give name							
	and address of previous owner	44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		, , , , , , , , , , , , , , , , , , , ,				
II.		CRIPTION OF WELL AND LEASE						
	Lease Name	ase Name Well No. Pool Name, Including Formation Kind of L		Kind of Lease				
	J. L. Reed	5 King - Wolfe	5 King - Wolfcamp		Fee Fee			
	Location				_			
	Unit Letter H : 18	Feet From The North Lir	ne and <u>660</u>	_ Feet From The	East			
	Line of Section 35 To	waship 13S Range	37E NMPM	Too		_		
	Line of Section 30 To	wnship 135 Range	3/E , NMPM,	Lea		County		
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	*				
	Name of Authorized Transporter of Oil			o which approved	approved copy of this form is to be sent)			
	Amoco Pipeline Company  Name of Authorized Transporter of Casinghead Gas KX or Dry Gas Address (Give address to which approved copy of this form is in				ank Bldg Ft.	76102 Worth, T		
					copy of this form is to	be sent)		
	Warren Petroleum Corpo		P. O. Box 1589		K 74102			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	d? When				
	give location of tanks.	<u>E 36 138 37E</u>	Yes	Yes 3/18/86				
, <b>.</b> .		ith that from any other lease or pool,	give commingling order	number:				
١٧.	COMPLETION DATA	Oil Well   Gas Well	New Well Workover	Deepen I	Plug Back   Same Res'	v. Diff. Rest		
	Designate Type of Completic			· '	X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	1 A		
	4/14/87 Elevations (DF, RKB, RT, GR, etc.)	4/22/87	11,100'		9950'			
	•	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	3847' GR			9895'				
	Perforations 9892-9896; 97				Depth Casing Shoe N/A			
		CEMENTING RECORD		11/21				
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECOR		SACKS CEM	ENT		
	17 1/2"	13 3/8"	556'	<del></del>	550 sxs Class C 1850 Hali Lite & 250 C 1530 Poz Class H			
	12 1/4"	8 5/8"	4630'					
	7 7/8"	5 1/2"	11,081'					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu		d must be equal to or ex	ceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours Producing Method (Flow		etc.)			
	4/22/87	4/24/87			/			
	Length of Test	Tubing Pressure	Pumpi Casing Pressure		Choke Size			
	24 hrs.	N/A	N/A		N/A			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF	·		
		298	11		59			
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI		Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-	-in)	Choke Size	·		
	reacting method (paros, odes pr.)	. www. Lianema ( BUME-TH )	Sand Lianama found.		~			
<b>.</b>			101 001 1100					
VI.			OIL CONSERVATION COMMISSION  APPROVED APR 1987, 19  BY CRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
	* handu anathurtus to the							
	I hereby certify that the rules and Commission have been complied							
	above is true and complete to th							
	Tully Minner	/ · · · · · · · · · · · · · · · · · · ·	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Cullyn Farmer	nature)						
	Agent		11		ince with RULE 111. be filled out complet			
	$\overline{\sigma}$	itle)	All sections of able on new and re	completed well	na resac ant combia.	ALL IN BUILD		

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.

APR 2.8 1987
HOBB'S OFFICE