

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

P. O. Box 4395, Midland, Texas 12-4-61

(Place)

(Date)

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

Cabot Corporation State of **N. M.** "I", Well No. **2**, in **NE** **NW** $\frac{1}{4}$ $\frac{1}{4}$,

C (Company or Operator) **23** **19-S** (Loc) **35-E** **Pearl-Queen** Pool

Unit **Lea**

County. Date **11-5-61** Date Drilling Completed **11-18-61**

Please indicate location:

D	C No. 2	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation **4948'** Total Depth **5044** PBD

Top Oil/Gas Pay _____ Name of Prod. Form. **Queen sand**

PRODUCING INTERVAL -

4948-53; 4957-62' and 4967'-72'.

Perforations _____

Open Hole _____ Depth **5044** Depth **4930'**
Casing Shoe _____ Tubing _____

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 load oil used): **119** bbls. oil, **13** bbls water in **24** hrs, **0** min. Size **2"** Choke

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): **30,000 gals. lease oil w/60,000# sand.**

Casing **3700** Tubing **0** Date first new **12-3-61**
Press. _____ Press. _____ oil run to tanks

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

Gas Transporter **None**

Remarks: **Pearl Queen extension.**

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. Quinn**

(Signature)

Dist. Prod. Supt.

Title _____
Send Communications regarding well to:

Percy C. O'Quinn

Name _____

Box 4395, Midland, Texas

Address _____

OIL CONSERVATION COMMISSION

By: _____

Title _____