

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 QUADRUPPLICATE 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.

Roswell, New Mexico December 22, 1961
(Place) (Date)

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

John H. Trigg Federal "TQ", Well No. 1-4, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 4, T. 200, R. 35E, NMPM., Royal Queen Pool
Unit Letter

100

County. Date Spudded 11-6-61 Date Drilling Completed 11-21-1961

Please indicate location:

Elevation 3685 Total Depth 5030 PBDT 5012

Top Oil/Gas Pay 4957 Name of Prod. Form. Queen Sand

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| L | K | J | I |
| M | N | O | P |

PRODUCING INTERVAL -

Perforations 4957-4962; 4970-4975

Open Hole _____ Depth _____ Casing Shoe 5026 Depth _____ Tubing 2" 4925

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): 122 bbls. oil, 10 bbls water in 24 hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------------|-------------|------------|
| <u>8 5/8"</u> | <u>202</u> | <u>125</u> |
| <u>5 1/2"</u> | <u>5026</u> | <u>200</u> |
| <u>2"</u> | <u>4925</u> | |
| | | |

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): 250 MCA: SF 30,000 gallons oil & 60,000# sand

Casing _____ Tubing _____ Date first new _____
Press. 25 Press. _____ oil run to tanks December 18, 1961

Oil Transporter Shell Pipeline Corporation

Gas Transporter None

Remarks: _____

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

Approved _____, 19_____

OIL CONSERVATION COMMISSION

By: _____

Title _____

(Company or Operator)

By: John H. Trigg

(Signature)

Title Owner

Send Communications regarding well to:

Name John H. Trigg

Address P.O. Box 520 Roswell, New Mexico