N_ MEXICO OIL CONSERVATION COMMISSION (7) (Form C-104) Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE ICE OCC New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed fil 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.

T ADT L	IFRFRV I	FOIRST		(Place) (Date)
ohn H. Trigg			Tedaral "P"	E FOR A WELL KNOWN AS:
	inpany or O	perator)	(L	
Unit La	K, See		, T, R	30E NMPM., West Henshew Grayburg Poo
1447	•••••		County. Date Spudd	icd 8-3-59 Date Drilling Completed 9-18-59
Please indicate location:			Elevation 387	Total Depth 2906 PBTD
D C		A	Top Oil/Gas Pay	Total Depth 2906 PBTD 2807 Name of Prod. Form.
	СВ		PRODUCING INTERVAL -	
			Perforations	
E	F G	H		Depth Depth Casing ShoeTubing
				Tubing
L	K J	9	OIL WELL TEST -	19 Mar Ar Chaira
			Natural Prod. Test:	bbls.oil,bbls water inhrs,min. Size
M		P	Test After Acid or Fra	acture Treatment (after recovery of volume of oil equal to volume of
		F	load oil used):	Chokebbls.oil,bbls water inhrs,min. Size
			GAS WELL TEST -	
2.37	25 (<u> </u>	Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
	•	enting Recor	-	
Size Feet SAX			tot, back pressure, etc.):	
				acture Treatment:MCF/Day; Hours flowed
9.3/4	449	75		ethod of Testing:
8 5/8	2245	Muddad	Acid or Fracture Treat	tment (Give amounts of materials used, such as acid, water, oil, and
			sand):	
5 1/2	2879	90	Casing 4200 Tubin Press. Press	ng 807 Date first new 9-23-59
				stimestal Pipeline Company
marke			- Gas Iransporter	
	••••••••••••••••••••••	•••••••	••••••••••••••••••••••••••••••••••••••	
•••••••		•••••		
T L!				
			-	true and complete to the best of my knowledge.
proved	*******	••••••	, 19	(Company or Operator)
~~~	CONGER	NATION	COMMERICI	1.1.1.1.
	CONSER	VATION	COMMISSION	By: (Signature)
MI	Orne.	ation		Owner /
HLAND GAS INSTRACTIONS				Send Communications regarding well to:
e			yu + ≪K	
		•		Name

Address. P. O. Box 5629 Reswell, New Monthes

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NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO (File the original and 4 copies with the appropriate district o	Form C-110 Regi <b>ect</b> 7/1/55
File the original and 4 copies with the appropriate district of	office)
CERTIFICATE OF COMPLIANCE AND AUTISOSE A	00 101 01 01 00 0000 1 1000
Company or Operator John N. Trigg Lease Lease	Federal "P"
Well No. 9-3 Unit Letter TOS 3 T 168 R 30E Pool West H	nahav Grayburg
County Kind of Lease (State, Fed. or Patentee	
If well produces oil or condensate, give location of tanks:Unit <u>S</u>	
Authorized Transporter of Oil or Condensate Continental Pipeline Con	<b>W</b> and <b>W</b>
Address P. C. Box 367, Artesia, New Mexico	
(Give address to which approved copy of this form in to b	e sent)
Authorized Transporter of Gas	
Address Date Connec	
(Give address to which approved copy of this form is to b If Gas is not being sold, give reasons and also explain its present dis	
Gie insufficient to mirket	
Reasons for Filing:(Please check proper box) New Well	<u>(X)</u>
Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head (	) Condensate ( )
Change in Ownership () Other	( )
Remarks: \Give explan	ation below)
The undersigned certifies that the Rules and Regulations of the Cil Co mission have been complied with.	onservation Com-
mission have been complied with. Executed this the <b>28th</b> day of <b>September</b> 19 59	onservation Com-
mission have been complied with. Executed this the <b>28th</b> day of <b>September</b> 19 <b>59</b> By form	onservation Com-
mission have been complied with. Executed this the <b>28th</b> day of <b>September</b> 19 59 By follow	V. Jrigg
mission have been complied with. Executed this the <b>28th</b> day of <b>September</b> 19 59 By form Approved UCE 1 1959 19 Title <b>Outer</b>	V. Trigg

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