

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 June 15, 1959
(Place) (Date)

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

John H. Trigg Federal "T" Well No. 7-10 in NE SW
(Company or Operator) (Lease)
C Sec. 10 T. 16S R. 30E NMPM, West Houshou Pool
Unit Letter
Eddy County. Date Spudded. 4-19-59 Date Drilling Completed 5-21-59

Please indicate location:

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

33N-2310W

Elevation 3859 Total Depth 2910 PBTD
Top Oil/Gas Pay 2835 Name of Prod. Form. Grayburg Sandstone

PRODUCING INTERVAL -

Perforations
Open Hole Depth Depth
Casing Shoe 2867 Tubing 2860

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): 43 bbls. oil, 50 bbls water in 26 hrs, min. Choke Size 16/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sex
<u>10 3/4</u>	<u>483</u>	<u>75</u>
<u>8 5/8</u>	<u>2208</u>	<u>Mudded</u>
<u>5 1/2</u>	<u>2867</u>	<u>100</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): 43,500 gallons of oil; 81,000# sand

Casing Tubing Date first new
Press. 5904 Press. 2104 oil run to tanks 6-1-59

Oil Transporter Continental Pipeline Company

Gas Transporter

Remarks:

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

Approved..... JUN 18 1959 19.....

John H. Trigg
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ML Armstrong
Title: OIL AND GAS INSPECTOR

By: John H. Trigg
(Signature)

Title: Owner
Send Communications regarding well to:

Name: John H. Trigg

Address: P. O. Box 5629 Roswell, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator John H. Trigg Lease Federal "P"

Well No. 7-10 Unit Letter C / S 10 T 168 R 302 Pool West Henschel

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit S 10 T 168 R 302

Authorized Transporter of Oil or Condensate Continental Pipeline Company

Address P. O. Box 367 Artesia, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas insufficient to market

Reasons for Filing: (Please check proper box) New Well _____

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15 day of June 19 59

By John H. Trigg

Approved JUN 18 1959 19 _____

Title Owner

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Company John H. Trigg

Title OIL AND GAS INSPECTOR

Address P. O. Box 5629

Lawell, New Mexico

