

REQUEST FOR (OIL) - (GAS) ALLOWABLE MAR 15 1962  
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.

Nowell, New Mexico March 12, 1962  
 (Place) (Date)

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

John E. Trigg Federal "A" Well No. 9-3 in NW 1/4 SE 1/4,  
 (Company or Operator) (Lease)  
R Sec. 3 T. 16S R. 31E, NMPM., North Square Lake Pool  
 Unit Letter  
Nddy County. Date Spudded 2-17-62 Date Drilling Completed 2-24-62  
 Elevation 4296 Total Depth 3815 PBD 3806

Please indicate location:

<u>R</u> <u>L</u>	<u>R</u> <u>K</u>	<u>R</u> <u>J</u>	<u>R</u> <u>I</u>
<u>R</u> <u>M</u>	<u>R</u> <u>N</u>	<u>R</u> <u>O</u>	<u>R</u> <u>P</u>
<u>R</u> <u>T</u>	<u>R</u> <u>S</u>	<u>R</u> <u>R</u>	<u>R</u> <u>Q</u>
<u>R</u> <u>U</u>	<u>R</u> <u>V</u>	<u>R</u> <u>W</u>	<u>R</u> <u>X</u>

Top Oil/Gas Pay 3774 Name of Prod. Form. Grayburg Sandstone

PRODUCING INTERVAL -

Perforations 3774: 3778: 3781  
 Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
 Casing Shoe 3812 Depth \_\_\_\_\_  
 Tubing 3769

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_  
 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of  
 load oil used): 168 bbls. oil, No bbls water in 24 hrs, No min. Size 5/8"

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): 250 MCA:SF 32,500 gal. crude, 106500 sand, 8000 walnut hulls

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
 Press. 410 Press. 75 oil run to tanks March 10, 1962

Oil Transporter Continental Pipeline Company

Gas Transporter Phillips Petroleum Company

Remarks: \_\_\_\_\_

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

Approved: March 13, 1962, 19\_\_\_\_

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: John E. Trigg  
 (Company or Operator)  
 (Signature)

Title Owner

Send Communications regarding well to:

Name John E. Trigg

Address P. O. Box 520, Nowell, New Mexico

OIL CONSERVATION COMMISSION	
ADDITIONAL PAGE	
NO. OF	4
STATE	
TRANSPORTER	
BUREAU OF HIGHWAYS	

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TRANSPORTER	OIL /
	GAS /
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
 (Rev. 7-60)

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <b>John H. Trigg</b>				Lease <b>Federal "A"</b>		Well No. <b>9-3</b>	
Unit Letter <b>R</b>	Section <b>3</b>	Township <b>16S</b>	Range <b>31E</b>	County <b>Hddy</b>			
Pool <b>North Square Lake</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>W</b>	Section <b>3</b>	Township <b>16S</b>	Range <b>31E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Continental Pipeline Company</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 410 Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>			Date Connected	Address (give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>			

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

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate . . ☐

Change in Ownership ..... ☐  
 Other (explain below)

**RECEIVED**

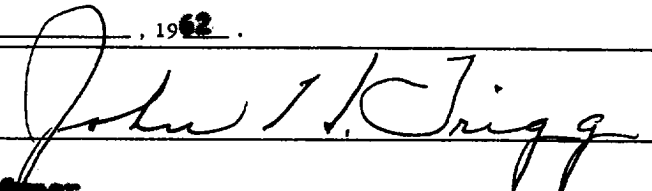
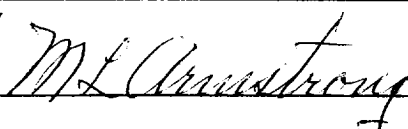
**MAR 13 1962**

**P. O. B.  
ARTESIA, OFFICE**

Remarks

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

Executed this the **12th** day of **March**, 19**62**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Owner</b>	
Title <b>Oil and Gas Inspector</b>	Company <b>John H. Trigg</b>	
Date <b>MAR 13 1962</b>	Address <b>P. O. Box 520 Roswell, New Mexico</b>	