

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 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 October 2, 1961  
(Place) (Date)

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

John H. Trigg Federal "TV" Well No. 3-5 in SW 1/4, NE 1/4,  
(Company or Operator) (Lease)

M, Sec. 5, T. 16S, R. 31E, NMPM, North Square Lake Grayburg Undr. Pool  
Unit Letter

Eddy County. Date Spudded 9-5-61 Date Drilling Completed 9-14-61

Please indicate location:

DL	CK	BJ	AI
EM	FN	GO	HP
L	K	J	I
M	N	O	P

Elevation 4823 Total Depth 3331 PBTD 3323

Top Oil/Gas Pay 3274 Name of Prod. Form. Grayburg Sandstone

PRODUCING INTERVAL -

Perforations 3274-3276 3279-3281 3284-3290

Open Hole Depth Casing Shoe 3331 Depth Tubing 3251

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): 117 bbls. oil, No bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size 16/64"

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) 50,400 gallons of oil; 90,000# of sand

Casing 4 1/2" Tubing 2" Date first new Press. 115# oil run to tanks 9-27-1961

Oil Transporter Continental Pipeline Company

Gas Transporter (Casinghead) Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	729	100
4 1/2"	3331	200
2"	3251'	

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 \_\_\_\_\_

John H. Trigg

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Title \_\_\_\_\_

Send Communications regarding well to:

Name \_\_\_\_\_

Address P.O. Box 520 Roswell, New Mexico

**OIL CONSERVATION COMMISSION  
ARTESIA DISTRICT OFFICE**

No. Copies Received

5

**DISTRIBUTION**

	NO. FURNISHED	
OPERATOR	2	
SANTA FE	1	
PROVATION OFFICE	1	
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	✓
BUREAU OF MINES		

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PROBATION 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 "PV"</b>		Well No. <b>3-3</b>	
Unit Letter <b>H</b>	Section <b>5</b>	Township <b>168</b>	Range <b>31E</b>	County <b>Eddy</b>			
Pool <b>North Square Lake Grayburg</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>Q</b>	Section <b>5</b>	Township <b>168</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)

Remarks

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

Executed this the 2nd day of October, 19 61.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**OIL AND GAS INSPECTOR**

**Owner**

**John H. Trigg**

**P. O. Box 520 Roswell, New Mexico**