

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57REQUEST FOR (OIL) - (GAS) ALLOWABLE RECEIVED
New Mexico
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.

Roswell, New Mexico February 20, 1962
(Place) (Date)

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

John H. Trigg Federal "RV" Well No. 7-6 in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
S 6 16S 31E NMPM, North Square Lake Under Pool
Unit Letter
Eddy County. Date Spudded 1-8-62 Date Drilling Completed 2-2-62

Please indicate location:

<u>D</u> <u>L</u>	<u>G</u> <u>K</u>	<u>B</u> <u>J</u>	<u>A</u> <u>I</u>
<u>B</u> <u>M</u>	<u>F</u> <u>N</u>	<u>G</u> <u>O</u>	<u>H</u> <u>P</u>
<u>L</u> <u>T</u>	<u>K</u> <u>S</u> <u>O</u>	<u>J</u> <u>R</u>	<u>I</u> <u>Q</u>
<u>U</u>	<u>V</u>	<u>W</u>	<u>X</u>

Elevation 3991 Total Depth 3208 PBD 3194Top Oil/Gas Pay 3175 Name of Prod. Form. Grayburg Sandstone

PRODUCING INTERVAL -

Perforations 3175 - 76 : 3179-80Open Hole _____ Depth _____ Casing Shoe 3207 Depth _____ Tubing 3171

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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, _____ min. Size 1/4" Choke

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 gal. Acid; SF 17,808 gal oil. 92802 sand. 1030 walnut hullsCasing _____ Tubing _____ Date first new _____
Press. 450 Press. 140 oil run to tanks February 19, 1962Oil Transporter Continental Pipeline CompanyGas Transporter Phillips Petroleum Company

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: M. L. Armstrong

Title _____

By: John H. Trigg
(Company or Operator) (Signature)Title Owner

Send Communications regarding well to:

Name John H. TriggAddress P. O. Box 520, Roswell, New Mexico

PERMISSION TO CRUISE	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
SIGNATURE	
DATE	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
SIGNATURE	
DATE	

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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 John H. Trigg				Lease Federal "PV"		Well No. 7-6	
Unit Letter S	Section 6	Township 16S	Range 31E		County Eddy		
Pool North Square Lake				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter M	Section 5	Township 16S	Range 31E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipeline Company				Address (give address to which approved copy of this form is to be sent) P. O. Box 410 Artesia, New Mexico			
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"/> Phillips Petroleum Company			Date Connected	Address (give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			

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

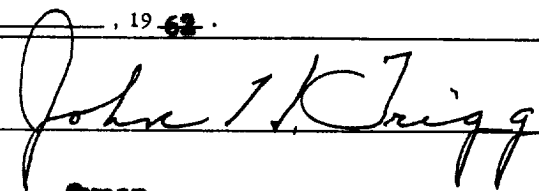
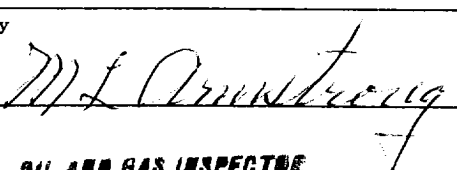
FEB 21 1962

JAN 22 1962

Remarks

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

Executed this the 20th day of February, 1962.

OIL CONSERVATION COMMISSION		By 	
Approved by 		Title Owner	
Title OIL AND GAS INSPECTOR		Company	
Date FEB 21 1962		Address John H. Trigg P. O. Box 520 Roswell, New Mexico	