## 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 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.

		Ower	Hayne	PS Trigg , Well No 1 , in Sw 1/4 SE
(Company or Operator)				(Lease)
	,			Po
<b>&amp;d</b>	ldy	••••••	• • • • • • • • • • • • • • • • • •	County. Date Spudded 11/28/62 Date Drilling Completed .12/6/62
P	Please inc	dicate lo	cation:	County. Date Spudded 11/28/62 Date Drilling Completed 12/6/62.
D	C	В	A	Top Oil/Gas Pay 1587 Name of Prod. Form. Grayburg Promice
E	F	G.	H	Perforations         1587-91         1597-90         1610-15         Depth         Depth           Open Hole         Casing Shoe         1629         Tubing         1500
L	K	J	I	OIL WELL TEST -  Chok  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke of Cho
	(A / V )	090 6		GAS WELL TEST -
	•	•	ting Recor	
Size		Feet	SAX	to looking (proof, back pressure, ecc.).
			-	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5	/8 3	00	50	Choke SizeMethod of Testing:
/	2 36	29	Odava	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an
<del>- 1/</del>	2 110	29	Circ.	sand): 075 bblame oil & 20 FASONEW sand
2	15	00		Press. 250 Press. 110 oil run to tanks 1/15/62
		•		Gas Transporter Conoce Pipoline Co.
			·	Gas Transporter
		••••••		Ah.
marks	<b>::</b>	••••••	·····	JAN 1 7 1203
I he	ereby cer			rmation given above is true and complete to the best of my knowledge.
I he	ereby cer			rmation given above is true and complete to the best of my knowledge.
I he	ereby cer	-MΑĿ	1 7 196	rmation given above is true and complete to the best of my knowledge.  Owen Haynes Company or Operator)
I he	ereby cer	JAN Onserv	-1 7 196 /ATION	rmation given above is true and complete to the best of my knowledge.  Owen Haynes Company or Operator)  COMMISSION  By: Signature
I he	ereby cer	JAN Onserv	-1 7 196 /ATION	rmation given above is true and complete to the best of my knowledge.  Owen Haynes Company or Operator)  COMMISSION  By: Owen Haynes Company or Operator)
I he	ereby cer	JAN Onserv	-1 7 196 /ATION	COMMISSION  By:  Company or Operator)  Signature  Signature