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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAY 28 1981

O. C. D.

ARTESIA, OFFICE

I. Operator **John H. Trigg**

Address **P. O. Box 520, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	FLARED AFTER 7-16-81
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION TO Rule 306
		Condensate	<input type="checkbox"/>	IS OBTAINED.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government	Well No. 2	Pool Name, including Formation East Red Lake G-M Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NM-05855
Location Unit Letter J ; 1740 Feet From The South Line and 2310 Feet From The East Line of Section 25 Township 16 South Range 28 East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Company*	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma
*as soon as connections are made	
If well produces oil or liquids, give location of tanks. Unit J Sec. 25 Twp. 16S Rge. 28E	Is gas actually connected? No* When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-22-81	Date Compl. Ready to Prod. 5-16-81	Total Depth 1723'	P.B.T.D. 1711'					
Elevations (DF, RKB, RT, GR, etc.) 3614.9 G.L.	Name of Producing Formation Penrose Sand	Top Oil/Gas Pay 1670'	Tubing Depth 1650'					
Perforations 1672-1684'	Depth Casing Shoe 1720'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 10"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 330'	SACKS CEMENT 100 sx. Class "C" circ.					
8"	4 1/2"	1721'	200 sx. Class "C"					
	2 3/4"	1650'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-16-81	Date of Test 5-16-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 50#	Choke Size 2" A.C. 1PP
Actual Prod. During Test 60 Bbls.	Oil - Bbls. 60	Water - Bbls. -0-	Gas - MCF Not Measured

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John H. Trigg
(Signature)
Operator
(Title)
5-27-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 28 1981**, 19____
BY **W. A. Gressett**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.