DISTRIBUTION			5
SANTA FE		/	
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION CC ...SSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator
John H. Trigg

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

Reason(s) for filing *(Check proper box)*

New Well [X]   Change in Transporter of:

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

Other *(Please explain)* To report casinghead gas connection

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Government	2	East Red Lake Queen Grayburg	State, Federal or Fee Federal	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 [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Navajo Crude Oil Purchasing Company	P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Phillips Petroleum Company	Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	25	16S	28E	Yes	June 1, 1981

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 X	Gas Well	New Well X	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-22-81	5-16-81	1723'	1711'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3614.9 G.L.	Penrose Sand	1670'	1650'

Perforations	Depth Casing Shoe
1672-1684'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	330'	100 sx. Class "C" circ.
8"	4 1/2"	1721'	200 sx. Class "C"

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	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*
5-16-81	5-16-81	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-0-	50#	2"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
60 Bbls.	60	-0-	Not Measured

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method *(pitot, 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)
July 20, 1981
(Date)

OIL CONSERVATION COMMISSION

JUL 2 1 1981

APPROVED _____ 19 ___

BY ___W. A. Grissel___

SUPERVISOR DISTRICT II

TITLE _____

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 multiple...