

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.

Roswell, New Mexico March 10, 1959
(Place) (Date)

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

John H. Trigg Company Federal "J" Empire, Well No. 3-1, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

N $\frac{1}{2}$ Sec. 1, T. 18S, R. 26E, NMPM., Red Lake Pool

Eddy County. Date Spudded 1-19-59 Date Drilling Completed 2-9-59
Elevation 3372 Total Depth 1866 P3TD

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 1678 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 1678-1683 1688-1700 1709-1720 1744-1758 1762-1772

Open Hole _____ Depth _____ Casing Shoe 1850 Depth Tying 1660

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): 38 bbls. oil, No bbls water in 24 hrs, _____ min. Choke Size 5/8"

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): 60,000 gallons water; 75,000# sand

Casing Press. 470# Tubing Press. 230# Date first new oil run to tanks 2-28-59

Oil Transporter Malco Refineries, Inc., Pipeline Division

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____ John H. Trigg
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title _____

By: _____
(Signature)

Title Owner
Send Communications regarding well to:

Name John H. Trigg Company

Address P. O. Box 5629 Roswell, N. M.