

REQUEST FOR (OIL) - (GAS) ALLOWABLE OCT 25 1960
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 QUADRUPPLICATE 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 October 24, 1960
 (Place) (Date)

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

John M. Trigg Federal Sivley Wright, Well No. 1-20, in SE $\frac{1}{4}$, NW $\frac{1}{4}$,
 (Company or Operator) (Lease)
F 20, T. 18S, R. 27E, NMPM, Wildcat Pool
 Unit Letter

Eddy County. Date Spudded 7-27-1959 Date Drilling Completed 10-10-1960
 Elevation 3,570 Total Depth 12,160 PBD 8,786

Please indicate location:

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

Top Oil/Gas Pay 8,685 Name of Prod. Form. Wolfcamp Delomite

PRODUCING INTERVAL -

Perforations 8,685 - 8,697

Open Hole _____ Depth _____ Casing Shoe 8,806 Depth _____ Tubing 8,629

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): 116 bbls. oil, No bbls water in 24 hrs, _____ min. Choke Size 1/2"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>959</u>	<u>350</u>
<u>4 1/2"</u>	<u>8006</u>	<u>200</u>

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): 500 gallons acid

Casing _____ Tubing _____ Date first new _____
 Press. Packer Press. 300# oil run to tanks 10-19-1960

Oil Transporter Continental Pipeline Company

Gas Transporter _____

Remarks: _____

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

Approved: OCT 25 1960, 19_____

John H. Trigg
 (Company or Operator)

By: John H. Trigg
 (Signature)

OIL CONSERVATION COMMISSION
 By: M. L. Armstrong
 Title: DISTRICT OFFICE DIRECTOR

Title: Operator
 Send Communications regarding well to:

Name: John H. Trigg

Address: P.O. Box 5629 Roswell, New Mexico

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
Case No.	4
Date	1/11/31
By	
Checked by	
Approved by	
Special Agent in Charge	
J. S. O. G.	
Secretary of the	
FILE	
BUREAU OF MINES	