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NEW MEXICO OIL CONSERVATION COMMIS-REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110

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.

completed wells.

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

AND RECEIVE 1-1-65
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUN - 1909 O. C. C. Operator John H. Trigg Address P. O. Box 520, Roswell, New Mexico 88201 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well EFFECTIVE MAY 29, 1969 Oil Dry Gas Recompletion Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ R-77.7.2 2/25/83
Well No. Pool Name, Including Formation DESCRIPTION OF WELL AND LEASE Kind of Lease Federal Lease No. State, Federal or Fee Sivley Jennings Federa/(NM-030752) Turkey Track Queen Grayburg Location __ Feet From The ___**West** Feet From The North Line and 990 2310 Unit Letter_ Township 18 South Range 29 East , NMPM, Eddy 28 Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil North Freeman Avenue, Artesia, New Mexico 88210
Address (Give address to which approved copy of this form is to be sent) NAVAJO REFINING COMPANY Name of Authorized Transporter of Casinghead Gas X Bartlesville, Oklahoma Odeska, Jetas Is gas actually connected? When Phillips Petroleum Company P.ge. Twp. Unit If well produces oil or liquids, September, 1961 give location of tanks. 28 18**S** 29E L If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** Same Res'v. Diff. Res'v. Plug Back Workover Deepen New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL COMERVATION COMMISSION I. 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. OIL AND GAS INSPECTOR 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. (Signature, All sections of this form must be filled out completely for allowable on new and recompleted wells. OWNER

(Title)

June 9, 1969 (Date)