

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well ☒ **Recompletion**
☐ **ARTESIAN OFFICE**

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.

Reswell, New Mexico
(Place)

January 24, 1962
(Date)

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

John H. Trigg Federal Sivley Alcott, Well No. 4-29, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 29, T. 18S, R. 29E, NMPM, Loce Hills Pool
Unit Letter

Eddy

County. Eddy Date Spudded 12-1-61 Date Drilling Completed 12-7-61

Please indicate location:

Elevation 3499 Total Depth 2460 PBD 2444

Top Oil/Gas Pay 2414 Name of Prod. Form. Grayburg Sandstone

PRODUCING INTERVAL -

Perforations 2414-2421

Open Hole _____ Depth _____ Casing Shoe 2457 Depth Tubing 2" 2412

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 51 bbls. oil, 2 bbls water in 24 hrs, _____ min. Size _____ Choke

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): 250 MCA : SF 32,970 gal. oil + 24,000# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 1-5-62

Oil Transporter Permian Corporation

Gas Transporter None

Remarks: _____

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

By: John H. Trigg
(Company or Operator) (Signature)

Title Operator
Send Communications regarding well to:

Name John H. Trigg

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

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