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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Me.

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.

Maljamar, New Mexico

January 12, 1965

(Place)

(Date)

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

John H. Trigg

Federal Sivley Denton

Well No. **1-20**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Under **Lease No. 115-6-1**

P Sec. **20**

T **18-S**

R **29-E**

NMPM,

Wildcat

Pool

Unit Letter

Eddy

County. Date Spudded **10-11-64**

Date Drilling Completed **11-24-64**

Elevation **3528.7 kfm**

Total Depth **9228** PBTB **8850**

Please indicate location:

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

660 FSL & 660° FSL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8"	951	500
4-1/2"	8918	400
2-3/8"	8590	

Top Oil/Gas Pay **8678'** Name of Prod. Form. **Wolfcamp**

PRODUCING INTERVAL -

Perforations **8678-8688' w/2 jet shots per foot**

Open Hole **None** Depth **8918** Depth **8590**
Casing Shoe Tubing

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): **P- 25** bbls. oil, **120** bbls water in **24** hrs, **0** min. Size **None** 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: **Pumping**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 gal. mud acid**

Casing Press. **400** Tubing Press. **None** Date first new oil run to tanks **January 1, 1965**

Oil Transporter **Permian Corporation**

Gas Transporter

RECEIVED

Remarks: _____ **JAN 13 1965**

D. C. C.
ARTESIA, OFFICE

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

Approved **JAN 13 1965**, 19_____

John H. Trigg

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Kenneth P. Astor**

(Signature)

Title **Production Clerk**

Send Communications regarding well to:

Name **John H. Trigg**

Address **P. O. Box 106 - Maljamar, New Mexico**

By: **M. L. Armstrong**

Title _____