

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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

April 24, 1964

(Place)

(Date)

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

John H. Trigg

Federal "CJ"

Well No. 1-35

SE

1/4

NE

1/4

(Company or Operator)

(Lease)

F

Sec. 35

T. 21S.

R. 23E.

NMPM.

Wildcat

Pool

Unit Letter

County. Date Spudded 3-8-64

Date Drilling Completed 4-4-64

Elevation 3961 Gr. 3974 MB

Total Depth 7850 MB

PBTD 7802 MB

Please indicate location:

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

1650' PM & 1650' PW

Top Oil/Gas Pay 7360

Name of Prod. Form. Gase Canyon

PRODUCING INTERVAL -

Perforations 7360-7396 & 7412-7476 W/2 JMT

Open Hole None

Depth Casing Shoe 7850

Depth Tubing 7245

OIL WELL TEST -

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

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

GAS WELL TEST -

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

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 264,879 MCF/Day; Hours flowed 36

Choke Size _____ Method of Testing: Four Point Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. MCA : 5,000 gal. Reg. 15%

Casing Tubing Date first new Potentialled 4-23-64
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter None - Shut In

Remarks: This report is submitted for potential test on shut in gas well.

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

JOHN H. TRIGG

(Company or Operator)

By: *John H. Trigg*

(Signature)

Title: Owner

Send Communications regarding well to:

Name: _____

Address: _____

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

No. Contained in		7
REGISTRATION		
	NO. FUND SERED	
	4	
	1	
STATE LAW OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE		
DEPT. OF MINES	1 -	