

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

RECEIVED
(Form C-104)
Revised 7/1/57
MAY 6 1964
New Well
Recompletion
ARTESIAN OFF

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed ~~OFF~~ 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.

Roswell, New Mexico

May 5, 1964

(Place)

(Date)

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

John H. Trigg

Federal "IB"

Well No. 1-6

in NW

1/4

NW

1/4

(Company or Operator)

(Lease)

D

Sec. 6

T. 22S.

R. 24E.

NMPM,

Wildcat

Pool

Unit Letter

Eddy

County. Date Spudded. 5-30-64

Date Drilling Completed

4-9-64

Please indicate location:

Elevation 3932.4 Gr.

Total Depth

9476

PBTD

7931

Top Oil/Gas Pay 7420

Name of Prod. Form.

Cisco Canyon

PRODUCING INTERVAL -

Perforations

7430-7486, 7504-5554

Open Hole

None

Depth

Casing Shoe

Depth

Tubing

7344

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):

bbls. oil,

bbls water in

hrs,

min. Size

Choke

GAS WELL TEST -

Natural Prod. Test:

MCF/Day; Hours flowed

Choke Size

Tubing, Casing and Cementing Record

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

Back Pressure

Test After Acid or Fracture Treatment:

151.349

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):

1000 gal. MC Acid

Casing

Tubing

Date first new

Press.

Press.

oil run to tanks

Potentialized 4-22-64

Oil Transporter

None - Shut In

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: _____

Title: _____

JOHN H. TRIGG

(Company or Operator)

By: _____

(Signature)

Title: _____

Send Communications regarding well to:

Name: _____

Address: _____

