

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBBS OFFICE 000 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-104 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

September 17, 1959

(Place)

(Date)

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

John H. Trigg

Federal Trigg

Well No. 29-4

in SW

1/4 SW

1/4

(Company or Operator)

(Lease)

M

Sec. 4

T 14S

R 31E

NMPM, Caprock Queen

Pool

Unit Letter

Chaves

County. Date Spudded 5-30-59

Date Drilling Completed 6-5-59

Please indicate location:

Elevation 4140

Total Depth 2750

PBTD

Top Oil/Gas Pay

Name of Prod. Form. Queen Sandstone

PRODUCING INTERVAL -

Perforations 2717 - 2732

Open Hole

Depth Casing Shoe 2750

Depth Tubing

OIL WELL TEST -

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

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): \_\_\_\_\_

Casing Tubing Date first new Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Tubing, Casing and Cementing Record

Size

Feet

Sax

8 5/8	101	30
4 1/2	2750	100

Remarks: This well was drilled and completed for an input well. Water is being injected under pressure in a water flood project.

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

Approved \_\_\_\_\_, 19 \_\_\_\_\_

John H. Trigg

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

(Signature)

By: \_\_\_\_\_

Title \_\_\_\_\_

Send Communications regarding well to:

Title \_\_\_\_\_

Name John H. Trigg Company

Address P. O. Box 5629 Roswell, New Mexico