

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.

Roswell, New Mexico

June 17, 1959

(Place)

(Date)

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

John H. Trigg

Federal Trigg

Well No. 30-4

in NW

SW

1/4

(Company or Operator)

(Lease)

L

148

318

NMPM.

Caprock Queen

Pool

Unit Letter

Chavez

County. Date Spudded 5-8-59

Date Drilling Completed 5-15-59

Please indicate location:

Elevation 4129

Total Depth 2763

PBTD

Top Oil/Gas Pay 2730

Name of Prod. Form. Queen Sandstone

PRODUCING INTERVAL -

Perforations 2730 - 2735

Open Hole

Depth

Casing Shoe 2763

Depth

Tubing 2695

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): 16 bbls. oil, No bbls water in 24 hrs, _____ min. Size 5/8"

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): 12,000 gallons of oil; 15,000# sand

Casing Press. 2200# Tubing Press. 1600# Date first new oil run to tanks 6-8-59

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter _____

Tubing, Casing and Cementing Record

Size

Feet

Sex

8 5/8"	101	30
4 1/2	2763	100

Remarks:

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)

By: _____

Title _____

By: _____

(Signature)

Title Owner

Send Communications regarding well to:

Name John H. Trigg Company

Address P. O. Box 5629 Roswell, New Mexi