

REQUEST FOR (OIL) - (GAS) ALLOWABLE FEB 19 1962 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 February 16, 1962
(Place) (Date)

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

John H. Trigg Federal Trigg, Well No. 33-4, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A 4, Sec. 4, T. 14S, R. 31E, NMPM, Caprock Queen Pool
Unit Letter

Chaves County. Date Spudded 10-30-61 Date Drilling Completed 11-3-61
Elevation 4234 Total Depth 2904 PBD 2889

Please indicate location:

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

Top Oil/Gas Pay 2852 Name of Prod. Form. Queen Sandstone

PRODUCING INTERVAL -

Perforations 2852-2862

Open Hole _____ Depth _____ Casing Shoe 2903' Depth _____ Tubing 2840'

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 Choke load oil used): 130 bbls. oil, No bbls water in 24 hrs, _____ min. 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): 250 gal. MCA; 29,820 gal. oil, 63,000# sand & 750# walnut hulls

Casing _____ Tubing _____ Date first new _____
Press. _____ oil run to tanks 2-15-62

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter _____

Remarks: _____

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 _____

By: John H. Trigg
(Company or Operator) (Signature)

Title Owner

Send Communications regarding well to:

Name John H. Trigg Company

P. O. Box 520, Roswell, New Mexico

