MEXICO OIL CONSERVATION CO' ISSION Santa Fe, New Mexico

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 it 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

nto the stock tanks. Gas must be r		octed on 15.025					January 11, 1957 (Date)	
			G AN ALLOWA					
John H.	Trigg	rator	deral "T" Lee	(Lease)	, Well No	11-24	, in HE	/4SE
			, T. 18 S , R	` '	, NMPM.,	E-K Queen		Poc
(Unit)								
			County. Date S	pudded	11-70-70	, Date Co	mpleted	-2-57
Please	indicate k	ocation:	•					
			Elevation	3958	Total I	Depth 4388	, Р.В.	•••••
			T - 3 /	436	7	Name of Pro	0	Heen sand
			l op oil/gas	pay	•	Name of Pro	od. Form	
			Casing Perf	orations:	••••••	••••••		01
Depth to Casing shoe of Prod. String								
				_				
			Natural Pro	d. Test	136		··	BOPD
			based on	138	bbls. Oil	in. 24	Hrs	Mins
			Test after a	cid or shot				B OPD
Casing a	and Comenti	ng Record						
Size	Feet	Sax	Based on		bbls. Oil	in	Hrs	Mins
13-3/8	130	100	Gas Well P	otential			••••••	
 			Sino abaka i	m inchas				
8-5/8	1692	50						
5-1/2	4361	100	Date first oi	l run to tan	ks or gas to T	ransmission syst	tem: 1-2-	·57
			Transporter	taking Oil	Cac Cac	tus Petrole	em Inc.	
			Transporter	taking On C	л Саз			***************************************
marks:							••••	
							•••••	
							•	
I hereby	certify tha	at the infor	mation given abov	ve is true ar	nd complete t	o the best of my	y knowledge.	
proved	Jamaj	ry 11,		19 57	······	John H. Tri	EE.	***************************************
		Jan 4	4 19 5 .		id	(Company	or Operator)	
OIL	CONSER	VATION (COMMISSION		Ву:	(Sig	gnature	
•	E!/ F	use	Rele			Owner	/ V	
_	// -	أرر برائيلات؟				d Communicat	ions regarding	well to:
:le	Z	r PE- c− i	⊕, a. p. e. ·	•••••	Name	John H. T		
					Address	P. O. Box	: 5629 New Messioc	