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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator John H. Trigg	
Address P. O. Box 520, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Union Oil Company of California**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 3" Lea	Well No. 2-180	Pool Name, including Formation Reeves Devonian	Kind of Lease State Federal or State	Lease No. LC-070375A
Location				
Unit Letter P	710	Feet From The South	Line and 660	Feet From The East
Line of Section 14	Township 18 South	Range 35 East	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		14	18	35		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-24-60	Date Compl. Ready to Prod. 8-10-60		Total Depth 12,176		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3890 KB	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,166		Tubing Depth 12,133			
Perforations Open Hole 12163-12176					Depth Casing Shoe 12,163			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
350	13 3/8"		373		350			
3806	9 5/8"		3806		1000			
12163	7"		12163		250			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks April 3 1972	Date of Test April 10 1972	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 1 1/2 Hr.	Tubing Pressure 350	Casing Pressure None	Choke Size 2,000
Actual Prod. During Test 5BBL	Oil - Bbls. 5BBL	Water - Bbls. None	Gas - MCF 2,000

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John H. Trigg
(Signature)
Owner
(Title)
May 24, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 6 1972**, 19
BY **Orig. Signed by**
Joe D. Ramey
TITLE **Dist. I, Supv.**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

2014
2015
2016
2017
2018

2019-2020

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2023-2024
2025-2026
2027-2028