

1960 AUG

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 QUADRUPPLICATE to the same District Office to which Form C-102 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 August 22, 1960
(Place) (Date)

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

John H. Trigg Federal "J" Lea Well No. 2-14D, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P Sec. 14 T. 18S R. 35E NMPM., Roswell Devian Pool
Unit Letter

Lea County. Date Spudded 6-24-60 Date Drilling Completed 8-10-60
Elevation 3890 Total Depth 12,176 PBTD

Please indicate location:

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

Top Oil/Gas Pay 12,166 Name of Prod. Form. Devian

PRODUCING INTERVAL -

Perforations
Open Hole 12163-12176 Depth Casing Shoe 12163 Depth Tubing 12133

OIL WELL TEST -

Natural Prod. Test: 276 bbls. oil, No bbls water in 24 hrs, min. Size 8/64" Choke

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. Size Choke

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 Press. Packer Tubing Press. 800 Date first new oil run to tanks 8-20-60

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
350	13 3/8"	350
3000	9 5/8"	1000
12163	7"	250

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 _____

John H. Trigg
(Company or Operator)

By: _____
(Signature)

Title Owner

Send Communications regarding well to:

Name John H. Trigg

Address P. O. Box 5629 Roswell, New Mexico