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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWARLE HOSTER OFFICE

New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Fill 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. Can must be reported on 15.025 psia at 60° Fahrenheit.

				. M1. d.	land, Texas (Place)	Febru	ary19,1964 (Date)
E ARE	E HERE	EBY RE	QUESTI	NG AN ALLOWABLE FOR A	WELL KNOWN AS	S :	
(Company or Operator)				USA-Trigg (Leue)	, Well No1	, in NE	1/4SN 1/4,
	K	, Sec	8	, T-19-S , R-32-E , I	NMPM.,	Undesignate	đPool
•	Letter				m di Baka B		
				County. Date Spudded10-2 Elevation 3642 KB			
Please indicate location:				Top Oil/Gas Pay 11340		•	
D	C	В	A		name of 1100. 1	O11111	
				PRODUCING INTERVAL -			
E	F	G	H	Perforations 11,503-509	Depth	Depth	
-	*	"	"	Open Hole	Casing Shoe	798 Tubing	11442
				OIL WELL TEST -	e e		
L	K	J	I	Natural Prod. Test:bb	ls.oil. bbls	water in hrs	Choke min Size
	X			Test After Acid or Fracture Tre			
M	N	0	P	load oil used): 352 bbls.o			Choke
	:				II,	er in 20 hrs,	1 min. 512e 13/16
1		<u> </u>	<u> </u>	GAS WELL TEST -			
16501	FRI.		FWL	Natural Prod. Test:	MCF/Day; Hours	flowedChok	e Size
tubing ,			ting Recor	Method of Testing (pitot, back	pressure, etc.):		
Size		Feet	Sax	Test After Acid or Fracture Tre	atment:	MCF/Day; Hour	s flowed
				Choke SizeMethod cf T			
13-3/	3" 8	85	750				
n = 10				Acid or Fracture Treatment (Give sand): 2300 gals. acid.	e amounts of materials	used, such as acid,	water, oil, and
8-5/8	3" 40	06	900		Date first new		
5-1/2	2" 127	~	550	Casing Tubing Press. Packer Press. 2100		2-16-64	
3-4/2 2120 770			774	Oil Transporter Parmian Corporation			
	2" 114	42		Gas Transporter None	•		
Lemarks			and the state of t	<i>f</i>			
		, ~ <u>~</u>	As s	to Itani	STATE STATE		a LLL
					. 404		
* *	•	······································			complete to the best of	of my knowledge.	
		rtuy tha	i, the inic	ormation given above is true and	•		
Approve	d			, 19	Con	pany or Operator	
/	<u></u>	ON ORD		P. P	. K/Bour	45	ROBowery
	OIL C	ONSER	VATION	COMMISSION By	·	(Signature)	tie of Domerl
	Lat	14	(//K-)	Ti.	tle District Cas	Las Cromawort and	
ly:`	1-6/	<u>-</u> -\	A to	11	tleDistrictOff Send Commu	nications regarding	well to:
itle		•••••		N	ame Tenneco 011	Company	
-				A	ddressBox 1031;		