NEW M. AICO OIL CONSERVATION COMMIS IN Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OCC

New Well X 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 of 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Roswell, New	Mexico	April	
				(Place)	NAVNI A.C.		(Date)
		-	ING AN ALLOWABLE			CS.)	. CF
	TT1gg	_	Federal 'WL" (Les	, Well No:	-20 , ii	334	1/4 35 1/4
			T 23S R 3		Triste Dra	W	Pov
Unit L	, 31	C	, 1			•••••••••	
Lea			County. Date Spudded	d 4-5-62	Date Drilling	Completed	4-13-62
		location:	Elevation 3712		Depth 5105	PBTD	5080
		_	Top Oil/Gas Pay 5047	Name of	f Prod. Form. D	elaware :	Sandstone
D	C E	3 A	PRODUCING INTERVAL -			•	
		}		rora			
E	F	H	Perforations 5047	Denth		Depth	
-	- `	' "	Open Hole	Casing	Shoe 5105	Tubing	5044
			OIL WELL TEST -				
L	K J	I I	Natural Prod. Test: 51	hhicail No	bble water	in 24 hrs	Choke
-			1	•			
М	N C) P	Test After Acid or Frac				Choke
M	N C	, -	load oil used):	bbls.oil,	_bbls water in'_	hrs,	minSize
		0	GAS WELL TEST -				
	<u></u>			ME /D		Oh - I	- 6:
			Natural Prod. Test:				
•		ementing Reco	ord Method of Testing (pito	ot, back pressure, etc.	.):		
Size Feet Sax		29%	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed				
	471	275	Choke SizeMe	thod of Testing:			
5/8"	371	4/3					
1/2"	5105	100	Acid or Fracture Treatm	ment (Give amounts of m	naterials used,	such as acid	, water, oil, and
1/2	7205	1200	sand):			A	
89	5044		Casing Press. 650 Tubing Press.	Date first r	hew tanks April	16, 1962	
<u> </u>	Post		Oil Transporter				
		Į					
	-1		Gas Transporter			- · · · · · · · · ·	
emarks:				X. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	f. ,		
			and the second s		, <u>f</u>		••••••
I here	hu certifu	that the inf	formation given above is	true and complete to t	he best of my k	nowledge.	
				/ 1			
pproved			, 19	1 /	(Company or	Operator).	
_	7			Pour Land		Chri	99
9	IL CONS	EKVATIO!	N COMMISSION	By:	(Signa	ture)	
1	11			Owne	r		
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itle	6						
	***************			NameJohn	H. Trigg	• • • • • • • • • • • • • • • • • • • •	
				P. 0	. Box 520.	Roswell.	New Mexico
ly:	<u> </u>			Send ·	Communication H. Trigg		