

REQUEST FOR (OIL) - (GAS) ALLOWABLE
HOBBS OFFICE OCC

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 QUADRUPLICATE to the same District Office to which Form NC-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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Roswell, New Mexico April 10, 1962
(Place) (Date)

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

JOHN H. TRIGG Federal "WL", Well No. 2-35, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. 35, T. 23-S, R. 32-E, NMPM, Triste Draw Pool
Unit Letter

Lea County. Date Spudded 3/17/62 Date Drilling Completed 3/25/62
Please indicate location: Elevation 3690 Total Depth 5105 PBD 5078

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

Top Oil/Gas Pay 5049 Name of Prod. Form. Delaware Sandstone

PRODUCING INTERVAL -

Perforations 5049 1/2 - 5053 1/2
Open Hole _____ Depth _____
Casing Shoe 5101 Depth _____
Tubing 5047

OIL WELL TEST -

Natural Prod. Test: 57 bbls. oil, 6 bbls water in 24 hrs, _____ min. Choke Size _____
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. Choke Size _____

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 _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks 3/29/62

Oil Transporter The Permian Corporation

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>380</u>	<u>275</u>
<u>4-1/2</u>	<u>5101</u>	<u>100</u>
<u>2</u>	<u>5047</u>	

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 _____

(Company or Operator)

By: _____

(Signature)

Title Owner

Send Communications regarding well to:

Name JOHN H. TRIGG COMPANY

Address P. O. Box 520, Roswell, New Mexico