

CORRECTED REPORT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

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

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

AUG 3 11 49 AM '65

I. OPERATOR

Operator: **C. W. TRAINER**

Address: **Box 1100, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Increasing letter: Oil Dry Gas

Change in Ownership: Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name King	Well No. 1	Pool Name, Including Formation King Devonian	Kind of Lease State, Federal or Fee State
Location Unit Letter P ; 330 Feet From The East Line and 660 Feet From The South			
Line of Section 2 , Township 14S Range 37E , 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)
Service Pipe Line Company	Box 337, Midland, Texas
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 P Sec. 2 Twp. 14S Rge. 37E Is gas actually connected? No When TSTM

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-7-65	Date Compl. Ready to Prod. 7-28-65	Total Depth 12,800	F.B.T.D. 12,688					
Pool King Devonian	Name of Producing Formation Devonian	Top Oil/Gas Pay 12,520	Tubing Depth 12,420					
Perforations 12,520-536, 538, 585, 592, 596, 601, 617, 628, 633.			Depth Casing Shoe 12,788					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	308	300
12 1/2	9 5/8	4681	500
8 3/4	4 1/2	12788	400

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 7-26-65	Date of Test 7-26-65	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0- Packer	Choke Size -
Actual Prod. During Test 161	Oil-Bbls. 113	Water-Bbls. 48	Gas-MCF TSTM

GAS WELL

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


C. W. Trainer (Signature)
Owner-Operator (Title)

August 3, 1965 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 Sections I, II, III, and VI only 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.