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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUN 3 3 25 PM '66

I.

Operator	TRAINER CORPORATION		
Address	P. O. Box 1100 Hobbs, New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Linam	Well No.	2	Pool Name, Including Formation	Pearl Queen	Kind of Lease	Fee	
Location	Unit Letter <u>B</u> ; <u>335</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>						State, Federal or Fee	Fee
Line of Section	<u>3</u>	Township	<u>20-S</u>	Range	<u>35-E</u>	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"/>	Shell Pipe Line Corporation			Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1910, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation			Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1589, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	<u>C</u>	<u>3</u>	<u>20S</u>	<u>35E</u>	<u>Yes</u>	<u>June 3, 1966</u>	

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
<u>May 12, 1966</u>	<u>June 3, 1966</u>		<u>5040</u>			<u>5034</u>		
Pool	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
<u>Pearl Queen</u>	<u>Queen</u>		<u>4751</u>			<u>5000</u>		
Perforations	4751, 4752, 4754, 4889, 4900, 4919, 4930, 4942, & 4952					Depth Casing Shoe		
<u>5036</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<u>11"</u>	<u>8 5/8"</u>		<u>100</u>			<u>75</u>		
<u>7 7/8"</u>	<u>4 1/2"</u>		<u>5034</u>			<u>165</u>		
	<u>2 3/8" tubing</u>		<u>5000</u>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
<u>June 3, 1966</u>	<u>June 3, 1966</u>	<u>Flowing</u>		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
<u>3 hours</u>	<u>100 psi</u>	<u>-</u>	<u>19/64"</u>	
Actual Prod. During Test	Oil-Bbbs.	Water-Bbbs.	Gas-MCF	
<u>75 bbls.</u>	<u>66</u>	<u>9</u>	<u>60</u>	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbs. 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.

TRAINER CORPORATION

By:

C. W. Trainer

(Signature) C. W. Trainer
 President

(Title)
 June 3, 1966

(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.