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| | 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 13 1 00 PM '66

I. OPERATOR

Operator
TRAINER CORPORATION

Address
P. O. Box 1100, Hobbs, New Mexico

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

New Well Change in Transporter of:

Recompletion 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

40.66 acres

| | | | |
|--------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Lease Name Low | Well No. 3 | Pool Name, Including Formation Pearl Queen | Kind of Lease State, Federal or Fee Fee |
| Location | | | |
| Unit Letter D | 1000 Feet From The North Line and 990 Feet From The West | | |
| Line of Section 3 | Township 20S | Range 35E | 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) |
| Shell Pipe Line Corporation | P. O. Box 11910, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Corporation | 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 |
| | D 3 20S 35E Yes June 12, 1966 |

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 May 1, 1966 | Date Compl. Ready to Prod. June 12, 1966 | Total Depth 5040' | P.B.T.D. 5026' | | | | | |
| Pool Pearl Queen | Name of Producing Formation Queen | Top Oil/Gas Pay 4747' | Tubing Depth 4991' | | | | | |
| Perforations 4747, 4747 1/2, 4748, 4748 1/2, 4955, 4956, 4969, 4970, 4981, 4982 | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8 5/8" | | 100 | | 100 | | | |
| 7 7/8" | 4 1/2" | | 5040 | | 200 | | | |
| | 2 3/8" | | 4991 | | | | | |

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 June 12, 1966 | Date of Test June 12, 1966 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure 30 | Casing Pressure 30 | Choke Size |
| Actual Prod. During Test 172 | Oil-Bbls. 132 | Water-Bbls. 40 | Gas-MCF |

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.

TRAINER CORPORATION

By: *C. W. Trainer*
C. W. Trainer (Signature)
President (Title)

June 13, 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.