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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator C. W. Trainer		Well API No. 30-025-04991
Address c/o Oil Reports & Gas Service, Box 755, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Reentry Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Casinghead Gas MUST NOT BE PLACED AFTER 12-8-89 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Morse	Well No. 1	Pool Name, Including Formation North Echols Devonian	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. LG-6801
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line Section 27 Township 10S 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Gas TSTM	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 E	Sec. 27
	Twp. 10S	Rge. 37E
	Is gas actually connected? No	
	When ?	

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded Reentered 7/31/89	Date Compl. Ready to Prod. 10/8/89	Total Depth 11,930	P.B.T.D. 11,784					
Elevations (DF, RKB, RT, GR, etc.) 3937 GR	Name of Producing Formation Devonian	Top Oil/Gas Pay 11,748	Tubing Depth 11,648					
Perforations 11,748 - 11,783			Depth Casing Shoe 11,930					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	340	250
12 1/4	8 5/8	4256	1500
7 7/8	5 1/2	3850-11,930	200
	2 7/8	11,648	

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 Tank 10/8/89	Date of Test 10/9/89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24Hrs.	Tubing Pressure 75#	Casing Pressure Pkr	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 400	Water - Bbls. 59	Gas - MCF TSTM

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.

Signature
Donna Holler
Printed Name
10/10/89
Date
Agent
Title
505-393-2727
Telephone No.

OIL CONSERVATION DIVISION

OCT 11 1989

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.