

COPIES RECEIVED	
DISTRIBUTION	
SEE	
COPIES	
IND. OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION	OFF

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

Operator C. W. Trainer	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason for change (Check proper box)	Other (Please explain)
New transporter <input type="checkbox"/>	To amend address of transporter as requested by Amoco
Record change <input type="checkbox"/>	
Change in transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change in ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Etcheverry Com	Well No. 1	Pool Name, including Formation Tres Papalotes Penn	Kind of Lease State, Federal or Free State	Lease No. E-2431
Location Section A : 775.5 Feet From The North Line and 660 Feet From The East Line Range 5 Township 15 S Range 34 E , 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)
Amoco Pipeline Company - Trucks	Box 3119, Midland, Texas 79701
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 A Sec. 5 Twp. 15 Rge. 34 Is gas actually connected? 470 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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'n	Diff. Rest'v.
Date updated	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Electrical Log (PAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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. 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.

Hanna Haller
(Signature)

Agent

(Title)

OIL CONSERVATION COMMISSION

APPROVED **DEC 22 1971**, 19

BY **Orig. Signed by Joe D. Ramey**
TITLE **Dist. I, Supv.**

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.

RECEIVED

2 11 1971

OIL CONSERVATION COMM.
HOBBS, N. M.