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TRANSPORTER	OIL
	GAS
OPERATOR	
PROP.	OF

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

CASING HEAD GAS MUST NOT BE  
ALLOWED TO BE USED FOR  
E/14/71  
UNLESS IT IS FIRST TO R-1070  
IS REQUIRED

Operator  
**C. W. Trainer**

Address  
**c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**

Reason for request (Check proper box)

New ☒ \*

Change in Transporter of:

Reason ☐

Oil ☐

Dry Gas ☐

Change ☐

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

**Re-entry of P&A well**

If change of ownership give name  
and address of previous owner

THIS WELL IS BEING PRODUCED FROM  
OIL FIELD NO. 174.5310  
NOTED BY THE COMMISSION

II. DESCRIPTION OF WELL AND LEASE

Lease <b>Etcheverry Com</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Under Tres Papalotes</b>	Kind of Lease State, Federal or Free <b>State</b>	Lease No. <b>E-2431</b>
Location <b>A 775.5 Feet From The North Line and 660 Feet From The East</b> <b>5 Township 15 S Range 34 E Lea County</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Amoco Trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>3411 Knoxville Ave. - Lubbock, Texas</b>
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 <b>A</b> Sec. <b>5</b> Twp. <b>15S</b> Rge. <b>34E</b> Is gas actually connected? <b>No</b> 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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>Re-entered 11/31/71</b>	Date Compl. Ready to Prod. <b>12/14/71</b>	Total Depth <b>14,842</b>	P.B.T.D. <b>10,648</b>					
Elevations (D.F., R&B, RT, GR, etc.) <b>4124 GR</b>	Name of Producing Formation <b>Penn</b>	Top Oil/Gas Pay <b>10,460</b>	Testing Depth <b>10,447</b>					
Perforations <b>10,460-64, 10,476-87</b>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>17</b>	CASING & TUBING SIZE <b>13 3/8</b>	DEPTH SET <b>314</b>	SACKS CEMENT <b>325</b>					
<b>12 1/4</b>	<b>9 5/8</b>	<b>4466</b>	<b>2481</b>					
<b>7 7/8</b>	<b>4 1/2</b>	<b>10,664</b>	<b>250</b>					

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 <b>12/14/71</b>	Date of Test <b>12/14/71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>12 hrs</b>	Tubing Pressure <b>275 psi</b>	Casing Pressure <b>Pkr</b>	Choke Size <b>24/64</b>
Actual Prod. During Test <b>272</b>	Oil-Bbls. <b>272</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>265</b>

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.

**H. L. Smith**

(Signature)  
Agent

(Title)

12/15/71

OIL CONSERVATION COMMISSION

APPROVED **[Signature]**, 19

BY **[Signature]**

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 allow-

RECEIVED

1. 1971

OIL CONSERVATION COLL.  
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