

DISTRIBUTION SANTA FE FILE U.S.G.S. 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	
SEP 1 3 15 PM '65					
TRAINER CORPORATION					
P. O. Box 1100 Hobbs, New Mexico					
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well <input type="checkbox"/>			Change in Transporter of:		
Recompletion <input type="checkbox"/>			Oil <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			Dry Gas <input type="checkbox"/>		
			Casinghead Gas <input type="checkbox"/>		
			Condensate <input type="checkbox"/>		
This change of Operator will be effective September 1, 1965.					
If change of ownership give name and address of previous owner C. W. TRAINER P. O. Box 1100 Hobbs, New Mexico					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, including Formation		Kind of Lease
Hume Queen Unit		18	Hume Queen		State, Federal or Fee State
Location					
Unit Letter G ; 2310 Feet From The North Line and 1980 Feet From The East					
Line of Section 7 , Township 16-S Range 34-E , NMPM, Lea County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
This is a water injection well.					
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	Sec.	Twp.	Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded		Date Compl. Ready to Prod.		Total Depth	P.B.T.D.
Pool		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
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 (pitot, back pr.)		Tubing Pressure		Casing Pressure	Choke Size
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) President (Title)					
August 27, 1965 (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.					