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TRANSPORTER	OIL	
	GAS	
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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 P.O. Box 571, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request for test allowable. Well flowing thru casing. Will run tubing as soon as well dies. <i>of 5000 lbs</i>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Dorothy	Well No. 1 Pool Name, including Formation EK Bone Springs	Kind of Lease State, Federal or Fee Federal NM	Lease No. 19448
Location Unit Letter P ; 554 Feet From The South Line and 554 Feet From The East Line of Section 25 Township 18South Range 33 East , NMPM, Lea County			

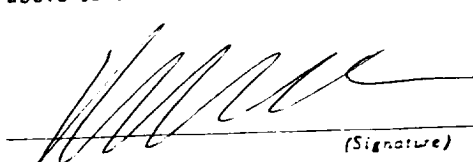
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) Maljamar, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 18S	Rge. 33E	Is gas actually connected? <input type="checkbox"/> 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 checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-31-83	Date Compl. Ready to Prod. 4-17-84	Total Depth 10,510'	P.B.T.D. 10,040'
Elevations (DF, RKB, RT, GR, etc.) 3855.1"	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9452'	Tubing Depth
Perforations 9452'-56; 9462'-66; 9472'-78; 9482-86'; 9494'-9500'; 9508'-16'			Depth Casing Shoe 10,040'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	370'	475 Class C
12 3/4"	8 5/8"	3,691'	1300 HL & Neat
7 7/8"	5 1/2"	10,040'	475 50/50 Pozmix
		2 7/8" tubing	

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 4-17-84	Date of Test 4-18-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 260#	Choke Size 32/64"
Actual Prod. During Test 402 BO	Oil-Bbls. 402	Water-Bbls. 0	Gas-MCF 325

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.	
 (Signature)	
Agent (Title)	
April 19, 1984 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED APR 23 1984	
BY ORIGINAL SIGNED BY JERRY SEXTON	
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 deviate 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 only Sections I, II, III, and VI 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 multiple wells.	