

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 03-01-83
Page 1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	UAS
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator C. W. Trainer	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service. <i>BXM</i>	

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

II. DESCRIPTION OF WELL AND LEASE

NM-0245247

Lease Name McElvain	Well No. 4	Pool Name, including Formation EK Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>18S</u> Range <u>33E</u> , 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"/>	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. Is gas actually connected? When
	0 25 18S 35E No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna Hollis
(Signature)
Agent
(Title)
12/11/84
(Date)

OIL CONSERVATION DIVISION

DEC 12 1984

APPROVED _____, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 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 multiply completed wells.

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Seal. Rest'v.	Diff. Rest'v.
Date Spudded 10/31/84	Date Compl. Ready to Prod. 12/1/84	Total Depth 10,000			P.B.T.D. 9952				
Elevations (DF, RKB, RT, GR, etc.) 3883 KB	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9480			Tubing Depth 9492				
Casing Depth 9480-9516					Tubing Casing Depth 10,000				

TUBING, CASING, AND CEMENTING REQUIRED

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	350	350
12 1/4	8 5/8	3700	1350
7 7/8	5 1/2	10000	1470
	2 7/8	9492	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Flow Oil Run To Tanks 12/1/84	Date of Test 12/2/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 78#	Casing Pressure Pkr	Choke Size 32/64
Actual Prod. During Test	Oil-Bbls. 305	Water-Bbls. None	Gas-MCF 320

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Sant-1K)	Casing Pressure (Sant-1K)	Choke Size

RECEIVED

DEC 12 1984

O.C.D.
HOBBS OFFICE