

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~GAS~~ ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico June 21, 1960
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

C. V. TRAINER Rushing, Well No. 2, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 22, T-19-S, R-35-E, NMPM, Pearl Queen Pool
Unit Letter

Lea County. Date Spudded 5-27-60 Date Drilling Completed 6-6-60

Please indicate location:

D	C	B	A
E	F	X	H
L	K	J	I
M	N	O	P

Elevation 3762 KB Total Depth 4930 PBD 4917

Top Oil/Gas Pay 4811 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4811'-4813', 4816'-4818', 4836'-4842'

Open Hole Depth Casing Shoe 4930' Tubing 4890'

OIL WELL TEST -

Natural Prod. Test: 9 bbls. oil, 0 bbls water in 24 hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Press. Tubing Press. Date first new oil run to tanks June 18, 1960

Oil Transporter Shell Pipeline Corporation

Gas Transporter Phillips Petroleum Company

Remarks: Well was perforated with 500 gallons mud acid on bottom.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19

OIL CONSERVATION COMMISSION

By:

Title:

C. V. TRAINER
(Company or Operator)

By: C. W. Trainer
(Signature)

Title: Owner - Operator

Send Communications regarding well to:

Name: C. V. TRAINER

Address: P. O. Box 2222, Hobbs, New Mexico