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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>C. W. TRAINER</b>				Address <b>P. O. Box 2222, Hobbs, New Mexico</b>			
Lease <b>Signal State</b>	Well No. <b>1</b>	Unit Letter <b>F</b>	Section <b>22</b>	Township <b>19-South</b>	Range <b>35-East</b>		
Date Work Performed <b>9-6-61</b>	Pool <b>Pearl Queen</b>			County <b>Lea</b>			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations   
 Casing Test and Cement Job   
 Other (Explain): **Fracturing**  
 Plugging   
 Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

**Fracked the Signal State #1 with 20,000 gals. oil and 40,000# sand. Lead Oil recovered 9-19-61.**

Witnessed by <b>C. W. Trainer</b>	Position <b>Owner-Operator</b>	Company <b>C. W. TRAINER</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover	<b>8-15-61</b>	<b>19</b>	<b>Not Measured</b>	<b>-0-</b>	<b>-</b>	<b>-</b>
After Workover	<b>9-20-61</b>	<b>75</b>	<b>Not Measured</b>	<b>-0-</b>	<b>-</b>	<b>-</b>

OIL CONSERVATION COMMISSION

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

Approved by <i>[Signature]</i>	Name <i>C. W. Trainer</i>
Title <i>[Signature]</i>	Position <b>C. W. Trainer Owner - Operator</b>
Date	Company <b>C. W. TRAINER</b>