

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

New Well
XXXX-XXXX

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 QUADRUPPLICATE 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 December 14, 1959
(Place) (Date)

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

C. W. TRAINER Signal State, Well No. 2, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
C 22 T-19S R-35E NMPM, Pearl Green Pool
Unit Letter

Lea

Please indicate location:

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

County Lea Date Spudded 11-25-59 Date Drilling Completed 12-10-59
Elevation 3746' Total Depth 4930' PBTD 4925'

Top Oil/Gas Pay 4846' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4846' - 4856'

Open Hole Depth
Casing Shoe 4929' Tubing 4915'

OIL WELL TEST -

Natural Prod. Test: 24 bbls. oil, 0 bbls water in 6 hrs, min. Choke Size

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

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): None

Casing Tubing Date first new
Press. Press. oil run to tanks 12-11-59

Oil Transporter Permian Oil Company

Gas Transporter Contract not obtained yet.

Remarks: Perforated in 500 gallons mud acid.
Potential made on swab test.

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

Approved 1959

C. W. TRAINER
(Company or Operator)

OIL CONSERVATION COMMISSION

By:
Title

By: C. W. Trainer
(Signature)

Title Owner - Operator
Send Communications regarding well to:

Name C. W. TRAINER

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