

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>2</b>	Unit Letter <b>C</b>	Section <b>22</b>	Township <b>19-South</b>	Range <b>35-East</b>	
Date Work Performed <b>11/25-26/59</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):  
 Plugging    
  Remedial Work

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

**Spudded 11-25-59.**

**Set 8 5/8" casing @ 105' and cemented w/3 yds concrete.**

**Circulated concrete.**

**Pressure tested w/500 psi for 30 mins. Held OK.**

Witnessed by <b>C. O. Coker</b>	Position <b>Drlg. Supt.</b>	Company <b>R. M. Moran Drlg. Corp.</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

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

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						
After Workover						

OIL CONSERVATION COMMISSION

Approved by: *[Signature]*  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

Name: *[Signature]*  
 Position: **C. W. Trainer**  
**Owner - Operator**  
 Company: **C. W. TRAINER**