

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator C. W. Trainer	
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" 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
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>5-1-88</u> UNLESS AN EXCEPTION TO <del>R-87</del> IS OBTAINED.	

If change of ownership give name and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOR

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "DS" State	Well No. 1	Pool Name, including Formation Undesignated Lea San Andres	Kind of Lease State, Federal or Fee	State State	Lease No. E-3143
Location Unit Letter <u>E</u> : <u>2086</u> Feet From The <u>North</u> Line and <u>554</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>19S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Gas TSTM	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>36</u> Twp. <u>19S</u> Rge. <u>34E</u>	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.

Blanca Haller  
(Signature)

Agent  
(Title)

3-14-88  
(Date)

OIL CONSERVATION DIVISION

MAR 16 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Paul Kantz  
Geologist  
TITLE \_\_\_\_\_

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X					X		X
Date Spudded/work began	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
11/24/87	1/16/88		9744		8460				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3717 GR	San Andres		6060		6300				
Perforations						Depth Casing Shoe			
6070-6100						9742			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		372		420			
11		8 5/8		4021		265			
7 7/8		5 1/2		9743		500			
		2 7/8		6300					

#### 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 New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1/16/88	3/10/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	25	24	TSTM

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

REC'D  
 MAR 14 1988  
 STATUS OFFICE