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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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 checked="" type="checkbox"/> New Well <input 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

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Betty State	Well No. 2	Pool Name, including Formation N. Vacuum Atoka - Morrow	Kind of Lease State, Federal or Fee State	Lease No. K-6119
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>17S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
T.H. McElvain Oil & Gas Properties	P.O. Box 2148, Santa Fe, NM 87501
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes 8/26/88

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.

[Signature]  
(Signature)  
Agent  
(Title)  
9-16-88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED NOV 07 1988, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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 XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/15/88	Date Compl. Ready to Prod. 8/20/88		Total Depth 12,206			P.B.T.D. 12,177			
Elevations (DF, RKB, RT, GR, etc.) 3959.1 GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,096			Tubing Depth 11,999			
Perforations 12,096-12,124						Depth Casing Shoe 12,206			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 5/8		281		300			
11		8 5/8		3519		1800			
7 7/8		5 1/2		12206		2075			
		2 7/8		11999					

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 563	Length of Test 1 hour	Bble. Condensate/MMCF None	Gravity of Condensate
Testing Method (pilot, back pr.) 4-Point Test	Tubing Pressure (Shut-in) 1920	Casing Pressure (Shut-in) Pkr	Choke Size 48/64

SELF  
HOBBS