

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

New Well
~~Recompletion~~

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 QUADRUPLICATE 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 1, 1960
(Place) (Date)

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

C. W. TRAINER
(Company or Operator)

Love, Well No. 1, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Lease)

E, Sec. 3, T. 20-S, R. 35-E, NMPM, Pearl Queen Pool
Unit Letter

Lea County. Date Spudded 11/7/60 Date Drilling Completed 11/18/60

Please indicate location:

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

Elevation 3685' KB Total Depth 5040' PBTD 5034'

Top Oil/Gas Pay 4847' Name of Prod. Form. Penrose Queen

PRODUCING INTERVAL -

Perforations 4847' - 4852'

Open Hole _____ Depth _____
Casing Shoe 5040' Tubing 4935'

OIL WELL TEST -

Natural Prod. Test: 36 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size Open

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

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks November 21, 1960

Oil Transporter The Permian Corporation

Gas Transporter _____

Remarks: Perforated in 500 gallons mud acid.

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

Approved _____, 19____

C. W. TRAINER
(Company or Operator)

By: _____
(Signature) C. W. Trainer

Title Owner - Operator

Send Communications regarding well to:

Name C. W. TRAINER

Address P. O. Box 2222, Hobbs, N. M.

OIL CONSERVATION COMMISSION

By: _____

Title _____