

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 C. W. TRAINER				Address P. O. Box 2222, Hobbs, N. M.			
Lease Lowe		Well No. 1	Unit Letter E	Section 3	Township 20-South	Range 35-East	
Date Work Performed 11/7 - 8/60		Pool Pearl Queen			County Lea		
THIS IS A REPORT OF: (Check appropriate block)							
<input checked="" type="checkbox"/> Beginning Drilling Operations		<input checked="" type="checkbox"/> Casing Test and Cement Job		<input type="checkbox"/> Other (Explain):			
<input type="checkbox"/> Plugging		<input type="checkbox"/> Remedial Work					
Detailed account of work done, nature and quantity of materials used, and results obtained.							
<p>11-7-60 Spudded today.</p> <p>11-8-60 Set 81', 8 5/8", 24# casing @ 91' and cemented w/85 sx.</p> <p>cement - 2% Ca Chl. Circulated cement. Pressure tested</p> <p>w/600 psi for 30 mins. Held OK.</p> <p><i>Used 100 ft³ neat cement - 2% Ca Chl mixed at 75°F & BHT 75°F</i></p> <p><i>Estimated strength at time of test 700psi after WOC 12 hours</i></p>							
Witnessed by C. W. Trainer		Position Owner - Operator		Company C. W. TRAINER			
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)							
Open Hole Interval				Producing Formation(s)			
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				I hereby certify that the information given above is true and complete to the best of my knowledge.			
Approved by <i>[Signature]</i>				Name <i>[Signature]</i>			
Title <i>[Signature]</i>				Position C. W. Trainer Owner - Operator			
Date <i>[Signature]</i>				Company C. W. TRAINER			