

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

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 September 30, 1960
(Place) (Date)

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

C. W. TRAINER Western, Well No. 1, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L, Sec. 3, T-20S, R-35E, NMPM, Undesignated Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 9-13-60 Date Drilling Completed 9-24-60
Elevation 3683' DF Total Depth 5042 PBD 5040
Top Oil Pay 4886' Name of Prod. Form. Penrose Queen

PRODUCING INTERVAL -

Perforations 4886' - 4890'
Open Hole Depth 5041' Casing Shoe 4968' Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 40 bbls. oil, 2 bbls water in 6 hrs, min. Size Open

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	221	200
5 1/2"	5041	300
2"	4968	

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): Fraced w/12,000 gals. lease oil and 21,000# sand

Casing Press. 190 Tubing Press. 0 Date first new oil run to tanks September 30, 1960

Oil Transporter Permian Oil Company

Gas Transporter

Remarks: Perforated in 750 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)

OIL CONSERVATION COMMISSION

By: Joe H. Ramsey

Title

By: C. W. Trainer
(Signature)

Title Owner - Operator

Send Communications regarding well to:

Name C. W. TRAINER

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