

REQUEST FOR (OIL) - ~~(GAS)~~ 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 December 6, 1961
(Place) (Date)

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

C. W. TRAINER Western, Well No. 2, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M Sec 3 T-20-S R-35-E NMPM, Pearl Queen Pool
Unit Lessor

Lea County, Date Spudded 11-3-61 Date Drilling Completed 11-16-61

Please indicate location:

Elevation 3674.6 DF Total Depth 5037 PBD 5036

Top Oil/Gas Pay 4951 Name of Prod. Form. Penrose Queen

PRODUCING INTERVAL -

Perforations 4951'-4955'

Open Hole Depth 5037 Depth Casing Shoe 4980

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): 87 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size Choke Open

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): Fraced w/30,000 gals. oil & 87,000# sand

Casing Tubing Date first new December 5, 1961
Press. Press. oil run to tanks

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Warren Petroleum Corporation

Remarks:

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: C. W. Trainer (Signature)

Title: Owner - Operator

Send Communications regarding well to:

Name: C. W. TRAINER

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

By:

Title: