| DISTRIBUTION  SANTA FE FILE  U.S.O.S. FILE  U.S. FILE  U.S.O.S. FILE  U.S. FILE  U.S. GARRET FILE   |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| NEW MEXICO OIL CONSERVATION COMMISSION OF D. 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OF COPIES RECEIVED                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B 6 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEW MEXICO OIL CONSERVATION COMMISSION FILE D. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| OTHER  2. Name of Coperator  TRAINER CORPORATION  3. Form of Long Name  TRAINER CORPORATION  P. O. Box 1100, Hobbs, New Mexico  P. O. Box 1100, Hobbs, New Mexico  R. Location of Well  UNIT LETTER D  1000  THE TRAINER CORPORATION  10. Field and Pool, or Wildoot  Pearl Queen  Pearl Queen  Pearl Queen  Pearl Queen  Pearl Queen  The Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUS AND ABANDON  THE COMMETE PLANS  OTHER  TO DESCRIPT A CASHNE  CHANGE PLANS  OTHER  TO DESCRIPT PLUS AND ABANDON WORLD FEEL AND ABANDON WORLD | OFERATOR .                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| OTHER  2. Name of Coperator  TRAINER CORPORATION  3. Form of Long Name  TRAINER CORPORATION  P. O. Box 1100, Hobbs, New Mexico  P. O. Box 1100, Hobbs, New Mexico  R. Location of Well  UNIT LETTER D  1000  THE TRAINER CORPORATION  10. Field and Pool, or Wildoot  Pearl Queen  Pearl Queen  Pearl Queen  Pearl Queen  Pearl Queen  The Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUS AND ABANDON  THE COMMETE PLANS  OTHER  TO DESCRIPT A CASHNE  CHANGE PLANS  OTHER  TO DESCRIPT PLUS AND ABANDON WORLD FEEL AND ABANDON WORLD | SUNDRY N                                                                                     | OTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| TRAINER CORPORATION  TRAINER CORPORATION  TRAINER CORPORATION  Address of Operator  P. O. Box 1100, Hobbs, New Mexico  P. O. Box 1100, Hobbs, New Mexico  The West  The West  The West  The Section 3 Townself  The West  The West  The West  The Section 3 Townself  The West  The West  The West  The West  The Section 3 Townself  The West  The West  The West  The Section 3 Townself  The West  The West  The West  The West  The Section 3 Townself  The West  Th | 014 [                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TRAINER CORPORATION  3. Addiess of Operator  O. Box 1100, Hobbs, New Mexico  4. Location of Well  Out Letter D  1000  THE TRAINER D  ON Box 1100, Hobbs, New Mexico  4. Location of Well  Out Letter D  1000  THE TRAINER D  THE West  INC. SECTION 3  TOWNSHIP 20S  RAMSE 35E  NAME  35E  NAME  SECTION 3  TOWNSHIP 20S  RAMSE 35E  NAME  SECTION 3  TOWNSHIP 20S  RAMSE 35E  NAME  SECTION 3  TOWNSHIP 20S  RAMSE 35E  NAME  TEACHOR ARE PLANS  OTHER SUBSEQUENT REPORT OF:  THE AND ABANDON CHARLES PLANS  OTHER COMMERCE SHILLING OTHER.  COMMERCE SHI | WELL WELL                                                                                    | OTHER-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The state of the s |
| TRAINER CORPORATION  P. O. Box 1100, Hobbs, New Mexico  10. Feet and Pool, or Wildow  Pearl Queen  THE West LINE, SECTION 3 TOWNSHIP 20S  ANNEL SISSEQUENT REPORT OF:  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  PLUS AND ARABDON CHARGE PLANS  OTHER  TRAINER CORPORATION  15. Elevation (Show whether DF, RT, CR, etc.)  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  REMEDIAL WORK  PLUS AND ARABDON CHARGE PLANS  OTHER  OTHER  7. Describs Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1758.  Set 4 1/2" 10.5 6 11.5 casing at 5040' T.D. Cemented with 180 sacks Incor—  4% Gel, preceded by 500 gallons B.J. Mud Float. WOC 48 hrs. Pressure test casing 2000% for 15 minutes. Held o. k. Top Cement 3650' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Name of Operator                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 Form or Leave Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Set 4 1/2" 10.5 & 11.5# casing at 5040' T.D. Cemented with 180 sacks Incorescing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| F. O. Box 1100, Hobbs, New Mexico  1. Location of Was  1. Location of Was  1. Location of Was  1. Line and 990  1. Line and 9 | 3. Address of Operator                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| UNIT LETTER D 10.00 PEET FROM THE NOPth LINE AND 990 PEET FROM POOL, or Wildcol Pearl Queen  THE WEST LINE, SECTION 3 TOWNSHIP 20S AMASE 35E HAPPM.  15. Elevation (Show whether DF, RT, GR, etc.) 12. County Lea  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMODIAL WORK SUBSEQUENT REPORT OF:  PEUG AND ABANDON CHANGE PLANS COMMENTE OF NATION AND ABANDON CHANGE PLANS COMMENT OF NATI | P. O. Box 1100, Hol                                                                          | bbs. New Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pearl Queen    North   Line and   990   Pear room   Pearl Queen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . Location of Well                                                                           | 170 NOW HONIEG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| THE West LINE, SECTION 3 TOWNSHIP 20S RANGE 35E NAME NAME OF RT, GR, etc.)  15. Elevation (Show whether DF, RT, GR, etc.)  3685 GL  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ABANDON CHANGE PLANS CHANGE PLANS CHANGE PLANS CHANGE PLUS AND ABANDON CHANGE PLANS CHANGE PLANS CHANGE PLUS AND ABANDONMENT OF HER NULE 1028.  Set 4 1/2" 10.5 & 11.5# casing at 5040' T.D. Cemented with 180 sacks Incor 4% Gel, preceded by 500 gallons B.J. Mud Float. WOC 48 hrs. Pressure test casing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D 100                                                                                        | O Namela and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. Field and Pool, or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| THE WEST LINE, SECTION 3 TOWNSHIP 20S RANGE 35E NAMED.  15. Elevation (Show whether DF, RT, GR, etc.)  3685 GL  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REMEDIAL WORK  CHANGE PLANS  CHANGE PLANS  CHANGE PLANS  OTHER  7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) see RULE 103.  Set 4 1/2" 10.5 & 11.5# casing at 5040' T.D. Cemented with 180 sacks Incor 4# Gel, preceded by 500 gallons B.J. Mud Float. WOC 48 hrs. Pressure test casing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | UNIT LETTER TOUT                                                                             | FEET FROM THE NOPTH LINE AND 990 FEET FR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 15. Elevation (Show whether DF, RT, GR, etc.)  3685 GL  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ABANDON  TEMPORABILY ABANDON  OTHER  7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.  Set 4 1/2" 10.5 & 11.5# casing at 5040' T.D. Cemented with 180 sacks Incor -  4% Gel, preceded by 500 gallons B.J. Mud Float. WOC 48 hrs. Pressure test casing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 15. Elevation (Show whether DF, RT, GR, etc.)  3685 GL  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ABANDON  PLUG AND ABANDON  TEMPORABILY ABANDON  OTHER  7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) see RULE 1703.  Set 4 1/2" 10.5 & 11.5# casing at 5040' T.D. Cemented with 180 sacks Incor -  48 Ge1, preceded by 500 gallons B.J. Mud Float. WOC 48 hrs. Pressure test casing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| casing 2000# for 15 minutes. Held o. k. Top Cement 3660' - Temp. Survey.  Thereby certify that the Information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | other  7. Describe Proposed or Completed Operation work) SEE RULE 1103.  Set 4 1/2" 10.5 & 1 | OTHER  OT | ng estimated date of starting any proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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