

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

\*See other instructions on reverse side

Form approved,  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-55963

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harris Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

West Grama Ridge Bone Springs

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 5, T22S, R34E

12. COUNTY OR PARISH

Lea

13. STATE

NM

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG-BACK  DIFF. RESVR.  Other REENTRY

2. NAME OF OPERATOR

C. W. Trainer

3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 660' FSL & 1980' FEL of Sec. 5

At top prod. interval reported below

At total depth

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

15. DATE SPUDDED Reentry 16. DATE T.D. REACHED 11/24/86 17. DATE COMPL. (Ready to prod.) 1/9/87 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 3611 GR 19. ELEV. CASINGHEAD \_\_\_\_\_

20. TOTAL DEPTH, MD & TVD 14,054 21. PLUG, BACK T.D., MD & TVD 11,300 22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_ 23. INTERVALS DRILLED BY \_\_\_\_\_ ROTARY TOOLS 0-TD CABLE TOOLS \_\_\_\_\_

24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* \_\_\_\_\_ 25. WAS DIRECTIONAL SURVEY MADE \_\_\_\_\_

9184 - 10,451 Bone Springs

26. TYPE ELECTRIC AND OTHER LOGS RUN

CNL - LDT; CNL/LDT/DLL/RXO Run by L & B Oil Co., Inc.

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 13 3/8      | 54.5#           | 1120           | 17 1/2    | 900 SX           | None          |
| 10 3/4      | 45.5# & 51#     | 4800           | 12 1/4    | 1400 SX          | None          |
| 7 5/8       | 33.7#           | 11800          | 9 1/2     | 450 SX           | None          |

| 29. LINER RECORD |          |             |               |             | 30. TUBING RECORD |                |                 |
|------------------|----------|-------------|---------------|-------------|-------------------|----------------|-----------------|
| SIZE             | TOP (MD) | BOTTOM (MD) | BACKS CEMENT* | SCREEN (MD) | SIZE              | DEPTH SET (MD) | PACKER SET (MD) |
|                  |          |             |               |             | 2 7/8             | 10,681         | No              |

**ACCEPTED FOR RECORD**

| 31. PERFORATION RECORD (Interval, size and number) |                  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                  |
|--|------------------|--|----------------------------------|
| INTERVAL   | SIZE             | DEPTH INTERVAL (MD)                            | AMOUNT AND KIND OF MATERIAL USED |
| 9184 - 10451                                       | 44 Hyper Jet III | 9184 - 10451                                   | 114 bbls 7.5% SRA Acid           |

FEB 02 1987

CARLSBAD, NEW MEXICO

33. PRODUCTION

| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |            | WELL STATUS (Producing or shut-in) |               |
|-----------------------|-----------------|--|-------------------------|----------|------------|------------------------------------|---------------|
| 12/13/86              |                 | Pumping  |                         |          |            | Producing                          |               |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE   | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.                         | GAS-OIL RATIO |
| 1/26/87               | 24              |  |                         | 8        | 10         | No                                 | 1667          |
| FLOW. TUBING PRESS.   | CASING PRESSURE | CALCULATED 24-HOUR RATE  | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.)            |               |
|                       |                 |  |                         |          |            | 39.8°                              |               |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented until line constructed

TEST WITNESSED BY

Gene Lee

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Donna Walker TITLE Agent DATE 1/28/87

\*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

| FORMATION    | TOP  | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME         | TOP         |                  |
|--------------|------|--------|-----------------------------|--------------|-------------|------------------|
|              |      |        |                             |              | MEAS. DEPTH | TRUE VERT. DEPTH |
| Bone Springs | 9184 | 10451  | Producing Horizon           | Yates        | 3780        |                  |
|              |      |        |                             | Capitan      | 4140        |                  |
|              |      |        |                             | Delaware     | 5160        |                  |
|              |      |        |                             | Bone Springs | 8685        |                  |
|              |      |        |                             | Dean         | 11388       |                  |
|              |      |        |                             | Wolfcamp     | 11753       |                  |
|              |      |        |                             | Strawn       | 12396       |                  |
|              |      |        |                             | Atoka        | 12830       |                  |
|              |      |        |                             | Morrow       | 13321       |                  |

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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

|                        |     |  |  |
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| U.S.G.S.               |     |  |  |
| LAND OFFICE            |     |  |  |
| TRANSPORTER            | OIL |  |  |
|                        | GAS |  |  |
| OPERATOR               |     |  |  |
| PRORATION OFFICE       |     |  |  |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
C. W. Trainer

Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

New Well (Reentry) Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. R-8409 4-1-87

II. DESCRIPTION OF WELL AND LEASE NM-55963

|                                     |                      |  |   |                           |
|-------------------------------------|----------------------|--|---|---------------------------|
| Lease Name<br><u>Harris Federal</u> | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>West Grama Ridge Bone Springs</u> | Kind of Lease<br>State, Federal or Fee <u>Federal</u> | Lease No.<br><u>Above</u> |
|-------------------------------------|----------------------|--|---|---------------------------|

Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 5 Township 22S Range 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Navajo Refining Company</u>   | <u>P. O. Box 159, Artesia, NM 88210</u>                                  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
|  |  |

|  |          |          |            |            |                            |      |
|--|----------|----------|------------|------------|----------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit     | Sec.     | Twp.       | Rge.       | Is gas actually connected? | When |
|  | <u>0</u> | <u>5</u> | <u>22S</u> | <u>34E</u> | <u>No</u>                  |      |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Wenna Holler  
(Signature)  
Agent  
(Title)  
1/28/87  
(Date)

OIL CONSERVATION DIVISION  
**JAN 29 1987**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

| Designate Type of Completion - (X)            |   | Oil Well                | Gas Well  | New Well                    | Workover     | Deepen | Plug Back | Same Res'v. | Diff. Res. |
|---|---|-------------------------|-----------|-----------------------------|--------------|--------|-----------|-------------|------------|
|   |   | X                       |           | Reentry                     |              |        |           |             |            |
| Date Spudded Reentered<br>11/24/86            | Date Compl. Ready to Prod.<br>1/9/87        | Total Depth<br>14,054   |           | P.B.T.D.<br>11,300          |              |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>3611 GR | Name of Producing Formation<br>Bone Springs | Top Oil/Gas Pay<br>9184 |           | Tubing Depth<br>10,681      |              |        |           |             |            |
| Perforations<br>9184-10,451                   |   |                         |           | Depth Casing Shoe<br>11,800 |              |        |           |             |            |
| TUBING, CASING, AND CEMENTING RECORD          |   |                         |           |                             |              |        |           |             |            |
| HOLE SIZE                                     | CASING & TUBING SIZE                        |                         | DEPTH SET |                             | SACKS CEMENT |        |           |             |            |
| 17 1/2  | 13 3/8                                      |                         | 1120      |                             | 700          |        |           |             |            |
| 12 1/4  | 10 3/4                                      |                         | 4800      |                             | 1400         |        |           |             |            |
| 9 1/2   | 7 5/8                                       |                         | 11800     |                             | 450          |        |           |             |            |
|   | 2 7/8                                       |                         | 10681     |                             |              |        |           |             |            |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| Date First New Oil Run To Tanks | Date of Test     | Producing Method (Flow, pump, gas lift, etc.) |                 |  |
|---------------------------------|------------------|---|-----------------|--|
| 12/13/86                        | 1/26/87          | Pump  |                 |  |
| Length of Test<br>24 hours      | Tubing Pressure  | Casing Pressure                               | Choke Size      |  |
| Actual Prod. During Test        | Oil - Bbls.<br>8 | Water - Bbls.<br>No                           | Gas - MCF<br>10 |  |

GAS WELL

| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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