

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other In-  
structions 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 11/24/86  
16. DATE T.D. REACHED 11/29/86  
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)\*  
9184 - 10,451 Bone Springs  
25. WAS DIRECTIONAL SURVEY MADE No

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)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	10,681	No

31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
9184 - 10451 44 Hyper Jet III				DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
FEB 02 1987 for CARLSBAD, NEW MEXICO				9184 - 10451	114 bbls 7.5% SRA Acid

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 Heller 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):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TOP 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

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	GAS	
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PRODUCTION OFFICE		

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

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

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)
<input checked="" type="checkbox"/> New Well (Reentry) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Castnqhead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> 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

II. DESCRIPTION OF WELL AND LEASE NOTIFY THIS OFFICE. R-8409 4-1-87 NM-55963

Lease Name Harris Federal	Well No. 1	Pool Name, including Formation West Grama Ridge Bone Springs	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>22S</u> Range <u>34E</u> , 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)
Navajo Refining Company	P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Castnqhead 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
	0 5 22S 34E No

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

APPROVED JAN 29 1987, 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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11/24/86		1/9/87		14,054		11,300			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3611 GR		Bone Springs		9184		10,681			
Perforations						Depth Casing Shoe			
9184-10,451						11,800			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	8	No	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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