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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator C. W. Trainer	Well API No. 30-025-25518
Address P. O. Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Re-entry <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-92
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name RL	Well No. 1	Pool Name, Including Formation Wildcat Bone Spring	Kind of Lease State <u>NEW MEXICO</u>	Lease No. V-2274
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>23S</u> Range <u>33E</u> , <u>NMPM</u> , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88211-0159
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 <u>L</u> Sec. <u>16</u> Twp. <u>23S</u> Rgs. <u>33E</u> Is gas actually connected? <u>No</u> When ?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
Date Spudded <u>3/29/92</u>	Date Compl. Ready to Prod. <u>10/1/92</u>	Total Depth <u>15,950</u>	P.B.T.D. <u>11,605</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3697 GR</u>	Name of Producing Formation <u>Bone Spring</u>	Top Oil/Gas Pay <u>9343</u>	Tubing Depth <u>9400</u>
Perforations <u>9343 - 9363</u>	Depth Casing Shoe <u>5" Liner</u> Shoe @ <u>15,949</u>		
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>748</u>	<u>650</u>
<u>12 1/4</u>	<u>10 3/4</u>	<u>5100</u>	<u>900</u>
<u>9 1/2</u>	<u>7 5/8</u>	<u>12478</u>	<u>2175</u>
	<u>2 7/8</u>	<u>9400</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank <u>10/1/92</u>	Date of Test <u>10/20/92</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>12hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>14 Bbls Oil</u>	Oil - Bbls. <u>28</u>	Water - Bbls. <u>10</u>	Gas- MCF <u>26</u>

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Donna Holler Agent
Printed Name Donna Holler Title
10/29/92 (505) 393-2727
Date Telephone No.

OIL CONSERVATION DIVISION

OCT 30 '92

Date Approved _____
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.