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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-63

I. Operator A.A. Oilfield Service, Inc.
 Address P. O. Box 5208 Hobbs, New Mexico 88241
 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Casinghead Gas Dry Gas Condensate Other (Please explain) Salvage of oil from Salt Water Disposal System, approximately 180 bbls.
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<u>State AB</u>	Well No.	<u>1</u>	Pool Name, including Formation	<u>Eumont</u>	Kind of Lease	<u>State</u>	Lease No.	<u>E 9122</u>
Location	<u>C</u>	<u>660</u>	Feet From The	<u>North</u>	Line and	<u>1980</u>	Feet From The	<u>West</u>	
Line of Section	<u>3</u>	Township	<u>19S</u>	Range	<u>37E</u>	NMPM,	<u>Lea</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Scurlock Oil Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>511 N. Ohio Suite 200 Midland, Tx 79701</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>N/A</u>	Address (Give address to which approved copy of this form is to be sent)	<u>N/A</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <u>37E</u>	is gas actually connected?	<u>N/A</u>	When	<u>N/A</u>

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)	<input checked="" type="checkbox"/> Oil Well <u>SWD</u>	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded	<u>5-25-71</u>	Date Compl. Ready to Prod.		Total Depth	<u>8170</u>	P.B.T.D.	<u>5700</u>	
Elevations (DF, RKB, RT, CR, etc.)	<u>3678 GR</u>	Name of Producing Formation	<u>San Andres</u>	Top Oil/Gas Pay	<u>4290</u>	Tubing Depth	<u>4868</u>	
Perforations	<u>4897-4919</u>					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	<u>11</u>	CASING & TUBING SIZE	<u>8 5/8</u>	DEPTH SET	<u>1680</u>	SACKS CEMENT	<u>475</u>	
	<u>7 7/8</u>		<u>5 1/2</u>		<u>7045</u>		<u>725</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load all 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	<u>N/A</u>	Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	<u>N/A</u>	Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	

VI. CERTIFICATE OF COMPLIANCE

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

Cynthia Schelle
 (Signature)

 (Title)
12/2/85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 3 - 1985, 1985
 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 multiple completed wells.