

|                  |     |
|------------------|-----|
| DISTRIBUTION     |     |
| DATE FILE        |     |
| FILE             |     |
| U.S.G.S.         |     |
| LAND OFFICE      |     |
| TRANSPORTER      | OIL |
|                  | GAS |
| OPERATOR         |     |
| PRORATION OFFICE |     |

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

Supersedes Ord. C-101 and C-110  
 Effective 1-1-85

**I. OPERATOR**

Operator: A. A. Oilfield Service, Inc.

Address: P. O. Box 5208 Hobbs, N.M. 88240

Reason(s) for filing (check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

Other (Please explain): Salvage of oil from salt water disp. system-approx 800 bbls.

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

|   |                      |   |   |                            |
|---|----------------------|---|---|----------------------------|
| Lease Name<br><u>State AB</u>   | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Eumont</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>E 9122</u> |
| Location<br>Unit Letter <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"/><br><u>Navajo Crude Oil</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 159 Artesia, N.M. 88210</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>N/A</u>      | Address (Give address to which approved copy of this form is to be sent)<br><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) <u>SWD</u>      | Oil Well <input 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>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                             |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
| <b>TUBING, CASING, AND CEMENTING RECORD</b>        |   |                                   |                                   |                                   |                                 |                                    |                                      |                                       |
| HOLE SIZE  | CASING & TUBING SIZE                          | DEPTH SET                         | SACKS CEMENT                      |                                   |                                 |                                    |                                      |                                       |
| <u>11</u>  | <u>8 5/8</u>                                  | <u>7680</u>                       | <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 oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

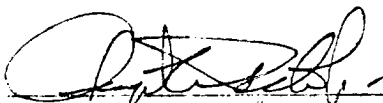
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

**GAS WELL.**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (prior, 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.

  
 \_\_\_\_\_  
 President  
 2-11-85  
 \_\_\_\_\_  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED FEB 11 1985 19  
 BY Eddie W. Seay  
 TITLE Oil & Gas Inspector

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.

RECEIVED

FEB 11 1985

O.C.D.  
HOBBY OFFICE