

District II  
 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Bravo Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION  
 PO Box 2088  
 Santa Fe, NM 87504-2088

Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address A.A. OILFIELD SERVICE, INC. P O BOX 5208 HOBBS, NM 88241		OGRID Number 000028
		Reason for Filing Code SALVAGE OIL FROM SALT WATER DISPOSAL SYSTEM, APPROX 400 BBLs
AIT Number 30 - 025-23786	Pool Name SWD; SAN ANDRES	Pool Code 96121
Property Code 00007	Property Name STATE "AB" SWD	Well Number 1

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
C	3	19S	37E	3	660	NORTH	1980	WEST	LEA

<sup>11</sup> Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lae Code S	Producing Method Code SWD	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	FOD	O/G	FOD ULSTR Location and Description
020445	SCURLOCK OIL COMPANY BOX 3119 MIDLAND, TX 79702-3119	2808464	0	3-19S-37E

IV. Produced Water

FOD	FOD ULSTR Location and Description
2808464	

V. Well Completion Data

Spud Date	Ready Date	TD	FBID	Perforations
5-25-71		8170	5700	4897-4919
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
11	8 5/8	1680	475	
7 7/8	5 1/2	7045	725	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
N/A					
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: *Cyril A. Scheller*

Printed name: CYRIL SCHELLER

Title: VICE PRESIDENT

Date: 12-10-96 Phone: (505) 392-2577

OIL CONSERVATION DIVISION

Approved by: *Paul Kautz*  
Geologist

Title:

Approval Date: DEC 10 1996

<sup>7</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

*mf*

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.026 PSIA at 60°.  
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
AO Add oil/condensate transporter  
CO Change oil/condensate transporter  
AG Add gas transporter  
CG Change gas transporter  
RT Request for test allowable (include volume requested)  
If for any other reason write that reason in this box.
4. The API number of this well
5. The name of the pool for this completion
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
21. Product code from the following table:  
O Oil  
G Gas

22. The ULSTR location of this POD if it is different well completion location and a short description (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water from this property. If this is a new well or recompletion this POD has no number the district office will number and write it here.
24. The ULSTR location of this POD if it is different well completion location and a short description (Example: "Battery A Water Tank", "Jones (Tank)", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner shoe bottom.
33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be first conducted only after the total volume of load oil is recovered

34. MO/DA/YR that new oil was first produced
35. MO/DA/YR that gas was first produced into a pool
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
40. Diameter of the choke used in the test
41. Barrels of oil produced during the test
42. Barrels of water produced during the test
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
45. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
46. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for about this report
47. The previous operator's name, the signature, printed name and title of the previous operator's representative authorized to verify that the previous operator operated this completion, and the date this report was signed by that person