

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION 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
A. A. OILFIELD SERVICE, INC.

Address
P. O. BOX 5208, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Salvage of oil from Salt Water Dis System, approximately 180 bbls.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AB	Well No. 1	Pool Name, including Formation Eumont	Kind of Lease State, Federal or Fee State
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 3 Township 19S Range 37E , NMPM, Lea			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Suite 200, Midland, TX 7970
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> n/a	Address (Give address to which approved copy of this form is to be sent) n/a
If well produces oil or liquids, give location of tanks. Unit C Sec. 3 Twp. 19S Rge. 37E	Is gas actually connected? n/a When n/a

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.

Cyril A. Schell
(Signature)

VICE-PRESIDENT

(Title)

4-1-94

(Date)

OIL CONSERVATION DIVISION

APPROVED ORIGINAL SIGNED BY JERRY SEXTON, 19____
DISTRICT I SUPERVISOR

BY _____
TITLE **APR 01 1994**

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely if applicable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of c
Separate Forms C-104 must be filed for each pool in completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
Date Spudded 5-25-71	Date Compl. Ready to Prod.		Total Depth 8170		P.B.T.D. 5700			
Elevations (DF, RKB, RT, GR, etc.) 3678 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4290		Tubing Depth 4868			
Perforations 4897-4919					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	1680	475
7 7/8	5 1/2	7045	725

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks n/a	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 n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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