

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10/01/78  
Format 06/01/83  
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
PROMOTION OFFICE			

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	Other (Please explain)
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	<input type="checkbox"/> Condensate	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 State AB	Well No. 1	Pool Name, including Formation Eumont	Kind of Lease State	Lease No. 90122
Location Unit Letter C, 660 Feet From The North Line and 1980 Feet From The West	Line of Section 3	Township 19S	Range 37E	County Lea

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Sourlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Suite 200, Midland, TX 79701
Name of Authorized Transporter of Castinghead 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? When n/a 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. Schulte*  
(Signature)  
VICE-PRESIDENT  
(Title)  
10-16-93  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 14 1993, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 Form C-104 must be filed for each pool in multiple completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Other
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 top allowable for this depth or be for full 24 hours)**

<b>OIL WELL</b>			
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

<b>GAS WELL</b>			
Actual Prod. Test - MCF/D n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Choke Size

1993