

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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	<input type="checkbox"/> Change in transporter oil	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Salvage of oil from salt water disposal
<input type="checkbox"/> Change in ownership	<input type="checkbox"/> Coolinghead Gas	System, approximately 180 bbls.
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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. E9122
Location Unit Letter C ; 560 Feet From The North Line and 1980 Feet From The West Line of Section 3 Township 19S Range 37E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Oil Company	or Condensate	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 Coolinghead Gas n/a	or Dry Gas	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	Req. 37E
	Is gas actually connected? When n/a n/a	

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.

April A. Schulte
(Signature)
VICE-PRESIDENT
(Title)
4-14-93
(Date)

OIL CONSERVATION DIVISION
APR 15 1993

APPROVED _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded 5-25-71	Date Compl. Ready to Prod.		Total Depth 8170			P.B.T.D. 5700			
Elevations (DF, RKB, RT, CR, 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 shot sequentially of total volume of load oil and must be equal to or exceed top allowable for this depth or 60 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/MCF		Gravity of Condensate
Testing Method (plug back pr.)	Tubing Pressure (start-in)	Casing Pressure (start-in)		Choke Size

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 APR 14 1993
 OGD HOBBS OFFICE