

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
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 08-01-83
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)

☐ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☐ Modification		☐ Coalinghead Gas	☐ Condensate
☐ Change in Ownership			

Other (Please explain)
Salvage of oil from Salt Water Disposal System, approximately 80 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, Federal or Fed State	Lease No. E9122
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
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

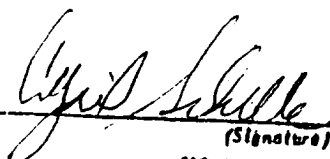
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Suite 200, Midland, TX 79701
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐ n/a	Address (Give address to which approved copy of this form is to be sent) n/a
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit C Sec. 3 Twp. 19S Rge. 37E	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.


(Signature)

VICE-PRESIDENT

2-16-93
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 16 1993**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT SUPERVISOR**

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 conditions.
Separate Form C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	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 1/8	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 all able for this depth or be for full 24 hours)

Date First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
n/a			
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/MMCF	Gravity of Condensate
n/a			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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FEB 14 1993

OCD HOBBS OFFICE