

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	OR
	CONDENSATE
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	Other (Please explain)
<input type="checkbox"/> Recombination		<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership		<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 <b>State AB</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eumont</b>	Kind of Lease State, Federal or Fed State	Lease No. <b>E9122</b>
Location Unit Letter <b>C</b> , <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>3</b> Township <b>19S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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.

*Cynthia A. Schille*  
(Signature)  
**VICE-PRESIDENT**  
(Title)  
**10-1-92**  
(Date)

OIL CONSERVATION DIVISION  
**OCT 02 '92**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1164.  
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 filled for each point in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well SWD	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				
Elevation (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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8 5/8		1680		475			
1 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 all able for this depth or be for full 24 hours)

Date First Flow 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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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