

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
Formal 08-51-83
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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 oil ☐ Other (Please explain)
☐ Recompletion ☐ oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Salvage of oil from salt water disposal system, approximately 100 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 Fee	Lease No. E9122
Location Unit Lease 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

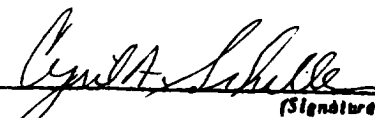
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Suite 200, Midland, TX 79701			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ n/a	Address (Give address to which approved copy of this form is to be sent) n/a			
If well produces oil or liquids, give location of tanks.	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.


(Signature)
VICE-PRESIDENT
(Title)
10-1-91
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, IS
BY: _____, 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Drill. R.
Date Spudded 5-25-71	Date Compl. Ready to Prod.		Total Depth 8176		P.S.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		Depth casing shoe		
Perforations 4897-4919									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 11	CASING & TUBING SIZE 8 5/8		DEPTH SET 1680		SACKS CEMENT 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 of hole for this depth or be for full 90 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. Tubing MCF/D n/a	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

OCT 01 1991

HOBBS OFFICE