

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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"/> Dry Gas	Other (Please explain) Salvage of oil from Salt Water Disposal System, approximately 80 bbls.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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 State	Lease E91
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	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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? 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.

*Cyril A. Scheller*  
(Signature)

VICE-PRESIDENT

(Title)

2-19-90  
(Date)

OIL CONSERVATION DIVISION

FEB 20 1990

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

BY **Paul Kautz**  
Geologist

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or de-well, this form must be accompanied by a tabulation of the core tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con-  
Scurlock Oil Company Form C-104 must be filed for each well.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff.
Date Spudded 5-25-71	Date Compl. Ready to Prod.		Total Depth		Perforations			
Elevations (DF, RKB, RT, GR, etc.) 3678 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4290		Depth Casing Shoe			
Perforations 4897-4919								

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 allowable for this depth or be 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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