

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| FORMATION 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: | Other (Please explain) Salvage of oil from Salt Water Disposal System, approximately 180 bbls. |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas <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, Federal or Fee | State | Lease No. E9122 |
| Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>37E</u> , NMPM, Lea Count | | | | | |

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? When 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
7-7-89
(Date)

OIL CONSERVATION DIVISION

JUL 10 1989

APPROVED _____, 19____
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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condi

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. | | | | | P.B.T.D. 5700 | | | |
| Elevations (DF, RKB, RT, GR, 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 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 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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