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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C.
 Effective 1-1-65

I. OPERATOR

Operator: A.A. Oilfield Service, Inc.

Address: P. O. Box 5208 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Oil Condensate

Change in Ownership Casinghead Gas Condensate

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 <u>State AB</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Eumont</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E 9122</u>
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, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>SUD</u>								
Date Spudded <u>5-25-71</u>	Date Compl. Ready to Prod.	Total Depth <u>8170</u>	P.B.T.D. <u>5700</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3678 GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4290</u>	Tubing Depth <u>4868</u>					
Perforations <u>4897-4919</u>	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>8 5/8</u>	<u>1680</u>	<u>475</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>7045</u>	<u>725</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>N/A</u>	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 <u>N/A</u>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
 (Signature)

OIL CONSERVATION COMMISSION

APPROVED OCT 1 1987

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowables for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells.