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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-11
Effective 1-1-65

I. 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 <input type="checkbox"/>	Change in Transporter of:	Salvage of oil from Salt Water Disposal System, approximately 180 bbls.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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. E 9122
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 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)
Scurlock Oil Company	511 W. Ohio Suite 200 Midland, Tx. 79701
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)
N/A	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 3 19S 37E N/A N/A

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug-Back	Same Res'v.	Diff. Res'v.
(X) SWD								
Date Spudded 5-25-71	Date Compl. Ready to Prod.	Total Depth 8170	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 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 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/MNCF	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.

Cyril A. Schulte
(Signature)
C.P.
(Title)

OIL CONSERVATION COMMISSION

APPROVED **MAR 5 - 1986**, 19 _____

BY **Eddie W. Seay**

TITLE **Oil & Gas Inspector**

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 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.
This form is to be filed in compliance with RULE 11, 111 and 117 for change of owner.

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MAR 4 - 1986
HOBBS O.C.D. OFFICE