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U.S.M.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 Casinghead Gas Condensate
 Change in Ownership Salvage of oil from Salt Water Disposal System, approximately 200 bbls.

If change of ownership give name and address of previous owner _____

I. 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>1ea</u> County _____				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>UPG, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 5208 Hobbs, New Mexico 88241</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <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?	When		<u>N/A</u>	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Hc. <input type="checkbox"/>
Date Spudded <u>5-25-71</u>	Date Compl. Ready to Prod. <u>SWD</u>	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>					

IV. 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 10% of total volume 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 (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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 above is true and complete to the best of my knowledge and belief.


(Signature)
Vice President
2/16/84
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 17 1984, 19____
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 allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 condition.
Separate forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
FEB 16 1984
HOBBS