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M.O.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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 <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Salvage of oil from Salt Water Disposal System, approximately 220 bbls.
Change in Transporter oil <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

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 _____				

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>UPG, Inc.</u>	<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"/>	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 Sec. Twp. Rge. Is gas actually connected? When
	<u>C 3 19S 37E N/A N/A</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Ho.
<u>(X)</u>	<u>SWD</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, GR, 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>

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

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.

Cynthia Schiller  
(Signature)  
Vice President  
(Title)  
12/13/83

OIL CONSERVATION DIVISION  
**DEC 13 1983**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED 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 deepened well, this form must be accompanied by a tabulation of the deviated logs 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.

RECEIVED  
DEC 12 1983  
HOEL