

DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	UAB
OPERATOR	
REGISTRATION OFFICE	

P. O. BOX 2000
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 1517 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Salvage of oil from Salt Water Disposal System, approximately 220 bbls.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

Lease Name State AB		Well No. 1	Pool Name, Including Formation Eumont	Kind of Lease State, Federal or Fee State	Lease 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					

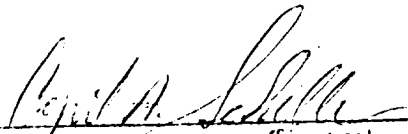
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> UPG, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1517 Hobbs, New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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? N/A	When N/A

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 Festival	Diff.
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				

Date First New Oil Run To Tanks NA		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 NA	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED MAR 13 1982 , 19	
 (Signature)		BY JERRY SEXTON	
Vice President (Title)		DISTRICT 1 SUPR.	
3-18-82 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for completion of well name or number, or transporter, or other such change of completion. Separate Form C-104 must be filed for each pool in not completed wells.	