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U.S.G.O.	
LAND OFFICE	
TRANSPORTER	OIL
	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

I. Operator
A.A. Oilfield Service, Inc.
Address
Box 1517 Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Salvage of oil from Salt Water Disposal System Approximately 220 bbls.
If change of ownership give name and address of previous owner

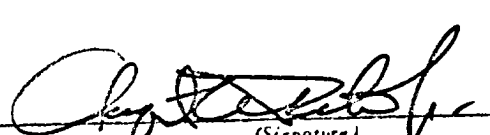

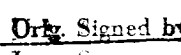
II. DESCRIPTION OF WELL AND LEASE
Lease Name State AB Well No. 1 Pool Name, including Formation Eumont Kind of Lease State, Federal or Fee State Lease No. E-9122
Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West
Line of Section 3 Township 19S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
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 ☐ or Dry Gas ☐
NA Address (Give address to which approved copy of this form is to be sent)
NA
If well produces oil or liquids, give location of tanks. Unit C Sec. 3 Twp. 19S Rge. 37E Is gas actually connected? NA When NA

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. ☐
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 4863
Perforations 4897-4919 Depth Casing Shoe 7045
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 of hole for this depth or be for full 24 hours)
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 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

President
2-02-81
OIL CONSERVATION DIVISION
APPROVED  19
BY 
TITLE Dist. L. Supv.
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 deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in mature completed wells.