

SANTA FE		
FILE		
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

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"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Southland Royalty Company 1600 First National Bank Bldg. Ft. Worth, Texas 76102

II. 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 <u>State, Federal or Fee</u>	Lease No. <u>A-1122</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>Lea</u> 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)					
<u>NA</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>NA</u>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>C</u>	<u>3</u>	<u>19S</u>	<u>37E</u>	<u>NA</u>	

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 <input 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'tv. Diff. Res'tv. <input type="checkbox"/>
<u>SMD</u>							
Date Spudded <u>5-25-71</u>	Date Compl. Ready to Prod.		Total Depth <u>8170</u>		P.B.T.D. <u>170</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3670GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>4290</u>		Tubing Depth <u>4000</u>		
Perforations <u>4397 - 4919</u>				Depth Casing Shoe <u>7045</u>			
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>7 7/8</u>	<u>5 1/2</u>		<u>7045</u>				

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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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