Revised February 10, 1394 Instructions on back

Submit to Appropriate District Office

## C CONSERVATION DIVISION

Sania Fo, NM 57304-2088  AREADED REPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  OCCUR Number OC	rawer DD, A	rtesia, NM	88211-0719	•	C	~ C		RVATIO		IVISIOI	И	Submi	t to App	ropriate	District Office 5 Copies	
## 1990   Facility   Food   Fo	ict III Rio Brazzo F	ld., Axtec. l	NM 87410		æ	2	P anta F	O Box 205 e. NM 875	88 5()4-	2088					•	
Compage   Comp	ict IV					J	MING A'	U, 11111 U/.	. U 1	~ ~ ~ ~				AMEN	DED REPORT	
A.A. OILFFELD SERVICE, INC.  P O BOX 5208  ROBOX 5208  100858, NB 88741  1-2-32786  SUP: SAN ANDRES  SUP: SA	Box 20 <b>66</b> , Sex	da Fe, NM D I	87504-2088 301155	T F	OR AT	10	WARI	E AND	اتلتم	HORIZ	ZΛTI	ON TO TR	ANSP	ORT	_	
Transporter Name   Processing		- NI	QUL	Op	erator Bas	e sad	Address	-			<sup>1</sup> OGRID Number					
Total Name   SALVAGE OIL FROM SALVAGE	•															
Carry   Carr	P O BOX 5208											Reason for Filing Code SALVAGE OIL FROM SALT WATER				
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"Tree-Code SWD  I. Oil and Gas Transporters  "Transporter Name and Address OGRID  SURLICK OIL CONPANY BOX 3119 HIDLAND, TX 79702-3119  V. Produced Water  "Top 2808464  V. Well Completion Data  "Separation Data "Ready Date "Ready Date 11 Barbon State 11 B						Lot	ida	Feet from the		North/Sou	th line	Feet from the	East/We	st line	County	
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SCURLOCK OIL COHPANY   BOX 3119   HIDLAND, TX 79702-3119									"10	Đ	" O/G	;				
V. Produced Water    ToD 2808464	OGRID									00164						
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F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7 The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no,' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

14 MO/DA/YR that this completion was first connected to a

- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table:

- The ULSTR location of this POD If it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of cement used per casing string

The following test date is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report war signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report war signed by that person 47.

