Revised February 10, 1994 Instructions on back

District II 20 Drawer DD, Artesia, NM 88211-0719

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator passes and Address A.A. OILFIELD SERVICE, INC. P O BOX 5208 HOBBS, NM 88241 A.A. OILFIELD SERVICE, INC. POO BOX 5208 HOBBS, NM 88241 A.A. OILFIELD SERVICE, INC. Pool Name SALVAGE OIL FROM SALT DISPOSAL SYSTEM, APPOID ALLOWABLE AND ANDRES ALVAGE OIL FROM SALT DISPOSAL SYSTEM, APPOID OUTHORISE SALT ANDRES POOL ATH Number 30 - 025 - 23786 Prespecty Code OUTHORISE SALT DISPOSAL SYSTEM, APPOID OUTHORISE SALT OUTHORISE OUTHOR	WATER OX / SO BBLS Code 21 Market County LEA County xpiration Date
Company Comp	WATER OX / SO BBLS Code 21 Market County LEA County xpiration Date
P O BOX 5208	WATER OX / SO BBLS Code 21 Market County LEA County xpiration Date
IIOBBS NM 80241 SALVAGE OIL FROM SALTY	WATER OX / SO BBLS Code 21 Market County LEA County xpiration Date
Transporter	County LEA County xpiration Date
Property Code 00007 STATE "AB" SWD 1 II. 10 Surface Location Ul or lot no. Section Township Range 10 Lot.ldn Feet from the C 3 198 37E 3 660 NORTH 1980 WEST II Bottom Hole Location UL or lot no. Section Township Range Lot ldn Feet from the South Line Feet from the Section Township Range Lot ldn Feet from the North/South Line Feet from the WEST II Bottom Hole Location UL or lot no. Section Township Range Lot ldn Feet from the North/South Line Feet from the East/West line WEST II Lot and Gas Transporters "Transporter Name and Address "FOD "O/G "POD ULSTR Location and Description SURLOCK OIL COMPANY BOX 3119 HIDLAND, TX 79702—3119 IV. Produced Water "POD "POD ULSTR Location and Description Subsection Date "TOD ULSTR Location and Description Subsection S	County LEA County
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Transporter GORTH	LEA County xpiration Date
III. Oil and Gas Transporters "Transporter GORID SCURLOCK OIL COMPANY BOX 3119 MIDLAND, TX 79702-3119 IV. Produced Water "Produced Water "PoD South Inc. "Pod South Inc. "Pod South Inc. "C-129 Effective Date South Inc. "C-129 Effective D	County xpiration Date
UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the Sat/West line "Lac Code S " Producing Method Code SWD " Gas Connection Date "C-129 Fermit Number "C-129 Effective Date "C-129 Effe	xpiration Date
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Transporter OGRID	
OCRID and Address and Description	
BOX 3119 MIDLAND, TX 79702-3119 IV. Produced Water POD 2808464 V. Well Completion Data Spud Date 5-25-71 Neady Date 7 TD 9 PBTD 7 Perfect 5-25-71 Neady Date 8170 Neady Date 9 Sacks Center 1	
IV. Produced Water POD ULSTR Location and Description 2808464 V. Well Completion Data Spud Date PBTD Performance Street No. 125 - 25 - 71 8170 5700 4897-185 - 25 - 71 8170 5700 4897-185 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -	
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175	-4919
11 8 5 /8 1680 475	nent
11 0 3/0	
7 7/8 5 1/2 7045 725	
VI. Well Test Data	
	g. Pressure
N/A	
" Choke Size 4 Oil 4 Water 4 Gas 4 AOF 4 Te	est Method
"I hereby certify that the rules 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. Signature: Approved by:	1
Printed name: CYRIL SCHELLER Title:	
Title: VICE PRESIDENT Approval Date: NOV 03	1995
Date: //- 3-95 Phone(505) 392-2577	
" If this is a change of operator fill in the OGRID number and name of the previous operator	
Previous Operator Signature Printed Name Title	Date

IF THIS IS AN AMENDED REPORT AT THE TOP CHECK THE BOX LABLED 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 teet allowable (Including transported)

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.

- 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
- The property name (well name) for this completion R
- The well number for this completion 9.
- 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
- 12. Lesse code from the following table:

Federal State

S

Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recomplation 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:

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

The following test data is for an oil well it must be from a 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 pipeling
- MO/DA/YR that the following test was completed 36.
- 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.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- 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 prauthorized to make this report, the date this report signed, and the telephone number to call for ques about this report 46.
- The previous operator's name, the signature, printed n and title of the previous operator's represent authorized to verify that the previous operator no ic operates this completion, and the date this report signed by that person 47.

