Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office

20 Drawer DD, Artesia, NM 88211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088

1000 Rio Brazo	Rd., Axtec,	NM 87410		Santa		M 8750	1-2088					5 Copie	
District IV PO Hox 2068, 8	anta Fe. NM	27504-2082			, _ ,	0,50	. 2000				AME	NDED REPOR	
[.			FOR A	LLOWA	BLE /	AND AU	THOR	IZAT	ION TO T	RANSP	ORT		
		Υ,	Operator na	me and Addre	26					OGRIJ			
A.A. OILFIELD SERVICE, INC.										000028			
P O BOX 5208  NOBBS NN 88241 SAI										Reason for Filing Code  SALVAGE OIL FROM SALT WATER			
		· · · · · · · · · · · · · · · · · · ·							DISPOSAL	SYSTEM	, ΛP	PROX /20BBI	
* AlT Number 30 - 025-23786					' Pool Name SAN ANDRES				* Pool Code 96121				
	roperty Code		¹ Property Name						' Well Number			ll Number	
0000						STATE "	AB" SW	'D				1	
. 10 Surface Location						Feet from the North/Sout			ob the Fee Annual Te				
C C	3	19S	37E	Lot.idn	Feet I	660	North/Sou NOR		Feet from the 1980	East/We WES	ı	County LEA	
ii	Bottom 1	Iole Loca	ıtion	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		l	<del></del>	1	1			
UL or lot no.		Township	Range	Lot Ida	Fret	from the	North/So	uth line	Feet from the	East/We	st line	County	
											1	-	
12 Lae Code	13 Produci	ng Method Cod	le <sup>14</sup> Gas	Connection Di	nte '	" C-129 Perm	it Number		" C-129 Effective	Date	17 C-1	29 Expiration Date	
		Transporte		,									
Transpo OGRIII		19 T	" Transporter Name and Address				D	<sup>21</sup> O/G	<sup>11</sup> POD ULSTR Location and Description				
020445 SCURLOCK						280846	2808464 0		OTHER				
511 W. C MIDLAND,			HIO, STE 200 TX 79701			Marie et la sa	2000 (0 )		3-195-3	7 E			
hanggiote (2) disease i nag laggadan a terrania.	111	DUMIND, I	.X 737	·····		Water the							
Margeoteksend.	2. 2.702				5.	Charleton or to 1	12 1. 3	Ø <b>7</b> - 2 - 2 - 2 - 2					
						N. C.							
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	<b>1960</b>					er a service pro-							
IV. Prod	uced Wa	ater	<del>~~~~~</del>		F							<del></del>	
2808	rou 464					<sup>24</sup> FOD U	LSTR Local	ion and l	Description	· · · · · · · · · · · · · · · · · · ·			
V. Well	Complet	ion Data			<del></del>	·						<del></del>	
<sup>16</sup> Spud Date <sup>16</sup> Ready Date					" TD				" PBID		1º Perforations		
5-25-71						8170			5700		4897-4919		
Hole Size			11	Casing & Tubi		11	Depth S			33 Sacks Cement			
11			8 5/8					168			475		
7 7/8		8	5 1/2				704		1)		725		
<del></del>				·····									
VI. Well	Test Da	ata		·····	<del></del>	l							
			Delivery Date "Test Date				" Test Les	ngth	H Thg. Pressure		e " Cag. Pressure		
N/A												_	
" Chake Size		41	4 Oil 42 /		Water		d Gas		" AOF		" Test Method		
4 I hereby eer	tify that the m	ules of the Oil C	Conservation	Division have to	een com	lied I		<del></del>	1		1		
with and that	the informatio	n given above is					Oi	L CC	)NSERVAT	ION D	IVIS	ION	
knowledge inche Signature:	a petion.	11 /2	Valle			Approv	ed by:						
Printed name:	VIII	1 F / C	MM2- ELLER		<del></del>	Tide:	Oèlú	<u>2 14.143</u>	el ye canou Regue i Your	CRY SEX	TON		
Tide:	<del></del>						al Date:	6/10%	ELECT CADLES			<del></del>	
VIGE-RESIDENT						Approx	Approval Date: JUN 0.7 1935						
Date:	1-9	<u> </u>		392-257									
"If this is a	change of of	erator fill in th	ie OGKID di	umber and nai	me of the	bresions uber	PLOF						
	Previous	Operator Signa	lure			 Մա	ted Name			Ti	ille .	Date	
									4				

IF THIS IS AN AMENDED REPORT. THE POX LABLED TAMENDED REPORT AT THE TOP OF THIS DOCUMENT.

Report all gae volumes at 15,025 PSIA at 80°. 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 OGRIO 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 YJell

RC Recompletion

Clf Change of Operator

AO Add olf/condensate transporter

CO Change oif/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other leason 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
- 12. Lease code from the following table:

S

State Fee Jicarilla

n N Navajo Uta Mountain Uta

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. gas transporter
- 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
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.
  - Oil Gas

31.5

- The ....STR location of this POD if it is different from well completion location and a short description of the 'Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the stronge from which water is more from this precently. If this is a new well or recompletion this POD has no number the district office will assumber and worte 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
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or  $\epsilon\epsilon$  shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top

Number of sacks of cement used per casing string

ollowing test data is for an oil wall it must be from a suggested only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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
- Gas well calculated absolute open flow in MCF/D 44.

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 pauthorized 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 operates this completion, and the date this reput. 47.

RECEIVED JUN U , 1885 OCD HORRS

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