

PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Revised February 10, 1994

Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address A.A. OILFIELD SERVICE, INC. P O BOX 5208 HOBBS NM 88241		OGRID Number 000028
Reason for Filing Code SALVAGE OIL FROM SALT WATER DISPOSAL SYSTEM, APPROX/80 BBL		
AIT Number 30 - 025-23786	Pool Name SAN ANDRES	Pool Code 96121
Property Code 00007	Property Name STATE "AB" SWD	Well Number 1

II. Surface Location

UL or lot no. C	Section 3	Township 19S	Range 37E	Lot Idn	Feet from the 660	North/South Line NORTH	Feet from the 1980	East/West line WEST	County LEA
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
" Loc Code	" Producing Method Code	" Gas Connection Date	" C-129 Permit Number	" C-129 Effective Date	" C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020445	SCURLOCK OIL COMPANY 511 W. OHIO, STE 200 MIDLAND, TX 79701	2808464	OT	OTHER 3-19S-37E

IV. Produced Water

POD 2808464	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date 5-25-71	Ready Date	ID 8170	PBTD 5700	Perforations 4897-4919
Hole Size 11	Casing & Tubing Size 8 5/8	Depth Set 1680	Sacks Cement 475	
7 7/8	5 1/2	7045	725	

VI. Well Test Data

Date New Oil N/A	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test 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: <i>Cyril A. Scheller</i> Printed name: CYRIL A. SCHELLER Title: VICE-PRESIDENT Date: 3-30-95 Phone: 392-2577		OIL CONSERVATION DIVISION Approved: ORIGINAL SIGNED BY JERRY SEXTON Title: DISTRICT I SUPERVISOR Approval Date: MAR 31 1995
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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, CHECK THE BOX LABELED  
"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
2. Operator's OGRID number. If you do not have one it will  
be assigned and filled in by the District office.
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.
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
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a  
gas transporter
15. The permit number from the District approved C-129 for  
this completion
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  
completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. 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.
21. Product code from the following table:  
O Oil  
G Gas

22. The ULSTR location of this POD if it is different from  
well completion location and a short description of the  
(Example: "Battery A", "Jones CPD", etc.)

23. The POD number of the storage from which water is  
from this property. If this is a new well or recompletion  
this POD has no number the district office will assign  
number and write it here.

24. 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 Water  
Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or c  
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  
bottom.

33. Number of sacks 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 pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells

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.

46. The signature, printed name, and title of the person  
authorized to make this report, the date this report  
signed, and the telephone number to call for questions  
about this report

47. The previous operator's name, the signature, printed name  
and title of the previous operator's representative  
authorized to verify that the previous operator now  
operates this completion, and the date this report  
signed by that person

RECEIVED

MAY 16 1995

WILLIAMS  
OFFICE

NOTED  
2007/05/16