

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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| SANTA FE | | |
| FILE | | |
| U.S.O.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
A.A. OILFIELD SERVICE, INC.

Address
P O BOX 5208 HOBBS NM 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain)
PROCESSED OIL FROM ALPHA PHI CRUDE APPROXIMATELY 360 BBLs.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------|--|--|--|----------------------------|
| Lease Name ALPHA PHI CRUDE | Well No. | Pool Name, including Formation RECLAMATION PLANT | Kind of Lease State, Federal or Fee | Lease No. R-7333 |
| Location | | | | |
| Unit Letter C | : _____ Feet From The _____ Line and _____ Feet From The _____ | | | |
| Line of Section 3 | Township 19S | Range 37E | , NMPM, LEA County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> R & K OIL COMPANY | Address (Give address to which approved copy of this form is to be sent) BOX 1229 ANDREWS TX 79714 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A | Address (Give address to which approved copy of this form is to be sent) N/A |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | C 3 19S 37E N/A N/A |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Carol A. Schelle
(Signature)
VICE PRESIDENT
(Title)
5-13-93
(Date)

OIL CONSERVATION DIVISION
MAY 14 1993

APPROVED _____, 19____

BY **ORIGINAL SIGNATURE OF JERRY SUTTON**

TITLE _____

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.