

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

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

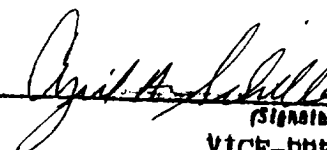
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
A. A. OILFIELD SERVICE, INC.
Address
P. O. BOX 5208, Hobbs, New Mexico 88241
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in transport of:
☐ Oil
☐ Condensed Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
Salvage of oil from Salt Water Disposal System, approximately 120 bbls.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
State AB
Well No.
1
Pool Name, including Formation
Eumont
Kind of Lease
State, Federal or Fed State
Lease No.
E9122
Location
Unit Letter
C
660
Feet from the North
Line and
1980
Feet from the West
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
Scutlock Oil Company
Name of Authorized Transporter of Condensed Gas
n/a
Name of Authorized Transporter of Dry Gas
n/a
Address (Give address to which approved copy of this form is to be sent)
511 W. Ohio, Suite 200, Midland, TX 79701
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
C
Sec.
3
Twp.
19S
Rge.
37E
Is gas actually connected?
n/a
When
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.

VICE-PRESIDENT
4-5-93
(Date)

OIL CONSERVATION DIVISION
APR 06 1993
APPROVED
Orig. Signed by
Paul Kautz
Geologist
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs 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 changes 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resrv.	Diff. Res.
5-25-71		SWD							
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3678 GR		San Andres		8170		5700			
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4897-4919				4290		4868			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8 5/8		1680		475			
1 7/8		5 1/2		7045		725			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or 60 for full 24 hours)

Date First New Oil Meter to Tanks	Date of Test	Producing Interval (Flow, pump, gas lift, etc.)	
n/a			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
n/a			
Testing Method (pilot, back pr.)	Tubing Pressure (psia-lb)	Casing Pressure (psia-lb)	Choke Size

RECEIVED

APR 06 1993

OCD HOBBS OFFICE