STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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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

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 Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [x] Dry Gas
- [ ] Condensate

Other (Please explain): Salvage of oil from Salt Water Disposal System, approximately 180 bbls.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AB	1	Eumont	State, Federal or Fee: State	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 [ ] or Condensate [ ]: Scurlock Oil Company
Address (Give address to which approved copy of this form is to be sent): 511 W. Ohio, Suite 200, Midland, TX 79701

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [x]: 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.

Ingrid A. Schiller
(Signature)
VICE-PRESIDENT
(Title)
4-5-93
(Date)

OIL CONSERVATION DIVISION
APPROVED APR 06 1993, 19____
BY 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 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 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.

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Page 2

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res
Date Spudded: 5-25-71	Date Compl. Ready to Prod.		Total Depth: 8170			P.B.T.D.: 5700		
Elevations (DF, RKB, RT, GR, etc.): 3678 GR	Name of Producing Formation: San Andres		Top Oil/Gas Pay: 4290			Tubing Depth: 4868		
Perforations: 4897-4919						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	1680	475
7 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 be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks: n/a	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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: n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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