

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 04/1/83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PROMOTION OFFICE	

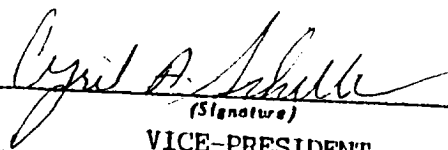
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 Transporter of:
☐ Oil
☐ Coolinghead Gas
☐ 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
State AB
Well No.
1
Pool Name, including Formation
Eumont
Kind of Lease
State, Federal or Free
State
Location
Unit Later
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 Permian Corporation
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 Coolinghead Gas ☐ or Dry Gas ☐
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
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.

(Signature)
VICE-PRESIDENT
(Title)
9-2-92
(Date)

OIL CONSERVATION DIVISION
SEP 03 '92
APPROVED
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable on 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 operation.
Separate Form C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Fill, 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						th Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11		8 5/8		1680		775			
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 all able for this depth or be for full 24 hours)

Date First Flow 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 - Bbln.	Water - Bbln.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D n/a	Length of Test	Bbls. Condensate/MMCF	Qty of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

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SEP 08 1978

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