

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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 filling (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recombination	☐ Oil	Salvage of oil from Salt Water Disposal
☐ Change in Ownership	☐ Casinghead Gas	System; approximately 180 bbls.
	☐ Dry Gas	
	☐ Condensate	

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 State	Lease No. B9122
Location					
Unit Lotlet 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 Casinghead 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.	Is gas actually connected? When
Unit C Sec. 3 Twp. 19S Rge. 37E	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. Schuller
(Signature)

VICE-PRESIDENT

8-10-92
(Date)

OIL CONSERVATION DIVISION
AUG 10 '92

APPROVED Orig. signed by 19
BY Paul Kautz
Geologist

TITLE _____

This form is to be filled in compliance with RULE 110A.
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 filled 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
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		Casing Shoe	
Perforations 4897-4919								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11	CASING & TUBING SIZE 8 5/8		DEPTH SET 1680		SACKS CEMENT 475			
7 7/8	5 1/2		704		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 allowable for this depth or be for full 24 hours)

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. Total - MCF/D n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (ptot, back pr.)	Tubing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

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AUG 10 1992

OCD HOBBS OFFICE