

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

No. of copies received	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION 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
☐ Re-completed
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead 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 F&S	Lease No. E9122
Location Unit 1111, 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. Unit C Sec. 3 Twp. 19S Rge. 37E	Is gas actually connected? When 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.

Cyril A. Schull
(Signature)

VICE-PRESIDENT

4-9-92
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 10 '92

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1103.
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 re-completed 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 Form C-104 must be filled 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	Same Res'v.	Diff. Res.
5-25-71		SWD							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5-25-71			8170			5700			
Elevation (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3678 GR	San Andres		4290			4868			
Perforations						Depth Casing Shoe			
4897-4919									
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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

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

RECEIVED

APR 09 1992

OCD HOBBS OFFICE