

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead 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 Fee	State	Lease E912
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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 Cou

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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

... from any other lease or pool, give commingling order number: _____

... reverse side if necessary.

COMPLIANCE

... and regulations of the Oil Conservation Division have

... information given is true and complete to the best of

Cynthia Schulte
(Signature)
VICE-PRESIDENT
3/6/89
(Date)

OIL CONSERVATION DIVISION
MAR 7 1989

APPROVED _____, 19____

BY WIMM
ORIGINAL SIGNED BY HERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for n able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of cond

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff.
Date Spudded 5-25-71	Date Compl. Ready to Prod.		Total Depth 8170					
Elevations (DF, RKB, RT, GR, etc.) 3678 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4290					
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 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. Test - MCF/D n/a	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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MAR 6 1989

OCD
 HOBBS OFFICE