

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

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)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> New Well            | Change in Transporter of:  | Other (Please explain)<br>Salvage of oil from Salt Water Disposal System, approximately 180 bbls. |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil   |   |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |   |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |       |               |
|---|---------------|--|--|-------|---------------|
| Lease Name<br>State AB  | Well No.<br>1 | Pool Name, including Formation<br>Eumont | Kind of Lease<br>State, Federal or Fee | State | Lease<br>E912 |
| Location<br>Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West<br>Line of Section 3 Township 19S Range 37E , NMPM, Lea Cour |               |  |  |       |               |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |           |             |             |                                   |             |
|---|---|-----------|-------------|-------------|-----------------------------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>Scurlock Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>511 W. Ohio, Suite 200, Midland, TX 79701 |           |             |             |                                   |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>n/a          | Address (Give address to which approved copy of this form is to be sent)<br>n/a                                       |           |             |             |                                   |             |
| If well produces oil or liquids, give location of tanks.  | Unit<br>C   | Sec.<br>3 | Twp.<br>19S | Rge.<br>37E | Is gas actually connected?<br>n/a | When<br>n/a |

with that from any other lease or pool, give commingling order number:

and V on reverse side if necessary.

CO. IANCE

ations of the Oil Conservation Division have information given is true and complete to the best of

Signature  
VICE-PRESIDENT  
(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 06 1989

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY 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 deviate tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner name or number, or transporter, or other such change of conditions.

#### IV. COMPLETION DATA

| Designate Type of Completion - (X)            | Oil Well<br>SWD                           | Gas Well | New Well                | Workover | Deepen               | Plug Back | Same Res'v. | Diff. |
|---|---|----------|-------------------------|----------|----------------------|-----------|-------------|-------|
| Date Spudded<br>5-25-71                       | Date Compl. Ready to Prod.                |          | Total Depth<br>8170     |          | P.B.T.D.<br>5700     |           |             |       |
| Elevations (DF, RKB, RT, GR, etc.)<br>3678 GR | Name of Producing Formation<br>San Andres |          | Top Oil/Gas Pay<br>4290 |          | Tubing Depth<br>4868 |           |             |       |
| Perforations<br>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 to able for this depth or be for full 24 hours)

|  |                 |   |            |
|--|-----------------|---|------------|
| Date First New Oil Run To Tanks<br>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<br>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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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-73  
Format 06-01-82  
Page 1

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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |  |   |
|--|--|---|
| Operator<br>A. A. OILFIELD SERVICE, INC.           |  |   |
| Address<br>P. O. BOX 5208, Hobbs, New Mexico 88241 |  |   |
| Reason(s) for filing (Check proper box)            | Change in Transporter of:  | Other (Please explain)  |
| <input type="checkbox"/> New Well                  | <input type="checkbox"/> Oil   | Salvage of oil from Salt Water Dispos.<br>System, approximately 180 bbls. |
| <input type="checkbox"/> Recompletion              | <input type="checkbox"/> Dry Gas   |   |
| <input type="checkbox"/> Change in Ownership       | <input type="checkbox"/> Castinghead Gas <input type="checkbox"/> Condensate |   |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                        |                 |  |  |                       |               |
|------------------------|-----------------|--|--|-----------------------|---------------|
| Lease Name<br>State AB | Well No.<br>1   | Pool Name, Including Formation<br>Eumont | Kind of Lease<br>State, Federal or Fee | State                 | Lease<br>3912 |
| Location               |                 |  |  |                       |               |
| Unit Letter<br>C       | 660             | Feet From The<br>North                   | Line and<br>1980                       | Feet From The<br>West |               |
| Line of Section<br>3   | Township<br>19S | Range<br>37E                             | , NMPM, Lea                            |                       | Co            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>          | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Scurlock Oil Company   | 511 W. Ohio, Suite 200, Midland, TX 79701                                |      |      |      |                            |      |
| Name of Authorized Transporter of Castinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| n/a  | n/a  |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|  | C  | 3    | 19S  | 37E  | n/a                        | n/a  |

If a production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Complete Parts IV and V on reverse side if necessary.

IV. STATE 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.

REVISED

*[Signature]*  
(Signature)

VICE-PRESIDENT

(Title)

DEC 8 1988  
(Date)

OIL CONSERVATION DIVISION

DEC 09 1988

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT SUPERVISOR**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1102.

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

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#### IV. COMPLETION DATA

|   |   |                         |          |          |        |                      |             |       |
|---|---|-------------------------|----------|----------|--------|----------------------|-------------|-------|
| Designate Type of Completion                  | Oil Well<br>SWD                           | Gas Well                | New Well | Workover | Deepen | Plug Back            | Same Res'v. | Diff. |
| Date Spudded<br>5-25-71                       | Ready to Prod.                            |                         |          |          | 8170   | P.B.T.D.             | 5700        |       |
| Elevations (DF, RKB, RT, GR, etc.)<br>3678 GR | Name of Producing Formation<br>San Andres | Top Oil/Gas Pay<br>4290 |          |          |        | Tubing Depth<br>4868 |             |       |
| Perforations<br>4897-4919                     |   |                         |          |          |        | Depth Casing Shoe    |             |       |

#### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
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|  |                 |   |            |
|--|-----------------|---|------------|
| Date First New Oil Run To Tanks<br>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<br>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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