STATE OF NEW MEXICO
Y AND MINERALS DEPARTMENT

COPIES RECEIVED		
STRIBUTION		
FE		
OFFICE		
PORTER	OIL	
	GAS	
TOR		
TION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

or
. A A, OILFIELD SERVICE, INC.

s
. O. BOX 5208, Hobbs, New Mexico 88241

n(s) for filing *(Check proper box)*

- ew Well
- ecompletion
- hange in Ownership

Change in Transporter of:
- ☐ Oil
- ☐ Dry Gas
- ☐ Casinghead Gas
- ☐ Condensate

Other *(Please explain)*
Salvage of oil from Salt Water Disposal System, approximately 80 bbls.

ge of ownership give name
dress of previous owner

SCRIPTION OF WELL AND LEASE

Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State AB	1	Eumont	State, Federal or Fee State	E9122

on
t Letter C ; 660 Feet From The North Line and 1980 Feet From The West

e of Section 3 Township 19S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

of Authorized Transporter of Oil ☐ or Condensate ☐	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
of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
n/a	n/a

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
l produces oil or liquids, ocation of tanks.	C	3	19S	37E	n/a	n/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.*

ERTIFICATE OF COMPLIANCE

y certify that the rules and regulations of the Oil Conservation Division have mplied with and that the information given is true and complete to the best of wledge and belief.

Cynthia Schilb
(Signature)
VICE-PRESIDENT
(Title)
5-3-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 5 1988, 19
BY Orig. Signed by Paul Kautz
TITLE Geologist

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

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 filed 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'
	SWD							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-25-71		8170	5700
Elevations (DF, RKB, RT, GR, 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

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

OIL WELL

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 - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

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