

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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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

of
AA, OILFIELD SERVICE, INC.
P. O. BOX 5208, Hobbs, New Mexico 88241
(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas
Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Salvage of oil from Salt Water Disposal System, approximately 80 bbls.

ge of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

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

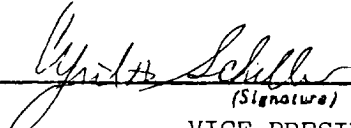
of Authorized Transporter of Oil ☐ or Condensate ☐ McCurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Suite 200, Midland, TX 79701					
of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ n/a	Address (Give address to which approved copy of this form is to be sent) n/a					
produces oil or liquids, Location of tanks.	Unit C	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? n/a	When 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.

CERTIFICATE OF COMPLIANCE

I 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.


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

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
Orig. Signed by
Paul Kautz
Geologist
TITLE _____

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 allow-
able 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 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'
Date Spudded	5-25-71	Date Compl. Ready to Prod.		Total Depth	8170	P.B.T.D.		5700	
Elevations (D.F., RKB, RT, CR, etc.)	3678 GR	Name of Producing Formation		Top Oil/Gas Pay	4290	Tubing Depth		4868	
Perforations	4897-4919			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	11	CASING & TUBING SIZE	8 5/8	DEPTH SET	1680	SACKS CEMENT	475
			5 1/2		7045		725

V. TEST DATA AND REQUEST FOR ALLOWABLE

Oil Well
Date First New Oil Run To Tanks
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
choke for this well or 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	
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 (pistol, back pr.)		Tubing Pressure		Casing Pressure (Pbct-12)		Choke Size	

RECORDED
MAY 3 1988
OCC
HOBBS OFFICE