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HO. OF COMISS NEC	EIVFD	1 .	
DISTRIBUTION			
SANTA FE FILE			
U.S.G.\$.			
LAND OFFICE			
IRANSPORTER OIL			
OPERATOR			
PROPATION OFFICE			

III.

IV.

	HO. OF COMISS RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	_	
	SANTAFE		FOR ALLOWABLE	Form C+104 Supersedes Old C+104 and C	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS	
	LAND OFFICE	_			
	TRANSPORTER GAS				
	OPERATOR				
ı.	PROPATION OFFICE				
	Operator A A (2.0)	liand Carrier 7			
	A.A. Ull	field Service, Inc.			
	P. O. Box	, 5208	Habby Nam Harris 660		
	Reason(s) for filing (Check proper bo		Hobbs, New Mexico 8824	<del>{</del> }	
	New Well	Change in Transporter of:			
	Recompletion	Cil Dry G	salvage of oil fr	iom Salt Water Disposal	
	Change in Ownership	Casinghead Gas Conde	- Sustem approx	ximately/80 bbls.	
	If change of ownership give name			······································	
	und uddress of previous owner				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease		
	State AB	1 Eumont		or Fee State E 9122	
	Location			51. cc Suite [ 1 9722	
	Unit Letter;	60 Feet From The North Lin	ne and 1980 Feet From T	noWest	
	Line of Section 3 To	waship 19S Range 3	7E , NMPM, Lea	_	
	time of occiton	many Runge 3	1E , NMPM, Lea	County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of Oi		Address (Give address to which approve	ed copy of this form is to be sent!	
	Scurlock Oil Comp		Address (Give address to which approve	Midland, Tx 79701	
	Name of Authorized Transporter of Ca	singhead Gas Or Dry Gas		ed copy of this form is to be sent,	
		Unit Sec. Twp. P.ge.	N/A Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	C 3 19S 37E		I/A	
	If this production is commingled wi	th that from any other lease or pool,	<del></del>	7.1	
I۷.	COMPLETION DATA				
	Designate Type of Completi		New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty	
	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		Tubing Depth	
	3678 GR	San Andres	4290	4868	
	Perforations 4897-4919			Depth Casing Shoe	
	407/-4919				
	HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD	2.5.2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	
ļ	11	8 5/8	1680	SACKS CEMENT 475	
[		8 74.6	1.00.0	7/3	
	7 7/8	5 1/2	7045	725	
			<u></u>		
	TEST DATA AND REQUEST F		fter recovery of total volume of load oil an pth or be for ful! 24 hours)	d must be equal to or exceed top allow	
į	OIL, WELL Date Pirst New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	e(c,)	
	N/A		, , , , , , , , , , , , , , , , , , , ,	,	
Ī	Langth of Test	Tubing Pressure	Cusing Pressure	Choke Size	
-					
1	Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gaa - MCF	
į		<u> </u>			
	ALCO NET Y				
	GAS WELL Actual Frod. Tost-MCF/D	Length of Test	Bbls. Condensate/NMCF	Gravity of Condensate	
i	N/A		Barat Condaniator Kaler	Gravity or Contacted to	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sixe	
	· ·				
۸.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	ION COMMISSION	
			APPROVED APR 5	1988	
		hereby certify that the rules and regulations of the Oil Conservation		1000 19	
		with and that the information given to beat of my knowledge and boilef.	BYRIGINAL SIGNED B	Y JERRY SEXTON	
	,	·	i!	PERVISOR	
			TITLE DISTRICT I SUPERVISOR		

APPROVED	GTTA	1300	,	19
BYRIG	HAL SIGNED	DY JERRY (	SEXTON	
TITLE	DISTRICT I S	UPERVISO	R 	

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

If this is a request for allowable for a newly drilled or despending this form must be accompanied by a tabulation of the deviation taken on the well is accordance with MULK 111.

All sections of this form must be filled out completely for a

management control of a second				
NO. OF COMIES SECTIVES		1		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.5.		<u> </u>		
LAND OFFICE				
TRANSPORTER	OIL			
TRANSI ONTER	GAS			
OPERATOR				
		1	1	

	SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND UNSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C- Elloctive 1-1-65		
	I RANSPORTER OIL GAS  OPERATOR  PROPATION OFFICE		AND ON TOTAL AND NATURAL	OA3		
1.	Operator	iald Saturian Tun				
	A.A. ULLY	ield Service, Inc.		<del></del>		
	P. O. Box		Hobbs, New Mexico 88	241		
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of:  Cil Dry Ga  Casinghead Gas Conder	Salvage of oil System, appr	from Salt Water Disposal oximately JO bbls.		
	If change of ownership give name and address of previous owner					
И.	DESCRIPTION OF WELL AND	LEASE		·		
	State AB	Well No. Pool Name, Including For 1 Eumont		24 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
	Location C 6	60 Feet From The North	e and	The West		
	Unit Letter;;;;	,	TE , NMPM, Lei			
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s			
	Scurlock Oil Comp		Address (Give address to which appro			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	511 W Ohio Suite 20 Address (Give address to which appro	oved copy of this form is to be sent;		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. C 3 19S 37E	1 /	nen . N/A		
W	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
1 .	Designate Type of Completic	on - (X)   Oil Well   Gas Well   SWD	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty		
	Date Spudded 5-25-71	Date Compl. Ready to Prod.	Total Depth 8170	P.B.T.D. 5700		
	Elevations (DF, RKB, RT, GR, etc.) 3678 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4290	Tubing Depth 4868		
	Perforations 4897-4919			Depth Casing Shoe		
		<del></del>	CEMENTING RECORD	21240 054547		
	HOLE SIZE	CASING & TUBING SIZE	1680	SACKS CEMENT 475		
	7 7/8	5 1/2	7045	725		
	7 7/8					
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)					
	Date First New Oil Run To Tanks N/A	Date of Test	Producing Method (Flow, pump, gas l	ifi, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gda - MCF		
	Actual Fred. To41-MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Vì.	CERTIFICATE OF COMPLIAN	ICE		ATION COMMISSION		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED MAR 3	<u> </u>		
	Commission have been compiled	with and that the information given e best of my knowledge and belief.	BY ORIGINAL SIGNED BY JET DISTRICT I SUPERV	NEV SEICHON		
			TITLE	<u></u>		
	Unit Shell		If this is a request for allo	compliance with RULE 1104.  wable for a newly drilled or deepranted by a tabulation of the devi		
	(Sign	natwe)	tests taken on the well in acc	ordence with MULK 111.		

(Title) ~ )

All sections of this form must be filled out completely fable on new and recompleted walls.



HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.\$,			
LAND OFFICE			
TRANSPORTER	OIL		
GAS		·	
OPERATOR			
PROPATION OFFICE			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS	" REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS		
1.	OPETITOR  FROMATION OFFICE  Operator	-				
	<b>.</b> .	ield Service, Inc.				
	P. O. Box	5208	Habby New Marias 66	0.4.1		
	Reason(s) for filing (Check proper box		Hobbs, New Mexico 88:	241		
	New Well  Recompletion  Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conden	System, appro	from Salt Water Disposal eximately 360 bbls.		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE.   Well No.: Pool Name, Including Fo	ormation   Kind of Leas			
	State AB	1 Eumont				
••	Location C 6	60 Feet From The North Lin	e and Feet From	The Uest		
	Line of Section 3 To	•	7E , NMPM, Lec			
III.	Name of Authorized Transporter of Oil		Address (Give address to which appro			
	Scurlock Oil Compo		511 11 Ohio Suite 200 Address (Give address to which appro	) Midland, Tx 79701 ved copy of this form is so be sent,		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 3 19S 37E	!s gas actually connected?   Wh	en N/A		
w	If this production is commingled with that from any other lease or pool, give commingling order number:					
14.	Designate Type of Completic	S(WD) Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
	Date Spudded 5 - 25 - 71	Date Compl. Ready to Prod.	Total Depth 8170	P.B.T.D. 5700		
	Elevations (DF, RKB, RT, GR, etc.) 3678 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4290	Tubing Depth  4868		
	Perforations 4897-4919			Depth Casing Shoe		
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	11	8 5/8	1680	475		
	7 7/8	5 1/2	7045	725		
	1.0	1				
ν.	TEST DATA AND REQUEST FOR ALLOWABLE OIL, WFILL  (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)					
	Date First New Oil Run To Tanks N/A	Date of Test	Producing Method (Flow, pump, cas li	fi, etc.)		
	Length of Test	Tubing Pressure	Cusing Pressure	Choke Size		
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	6.46 WB. 7					
	GAS WELL Actual Fred, Toel-MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Teating Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sixe		
	VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information give above is true and complete to the best of my knowledge and belief		h    Orig. Signed by			
	Child Schille	· · · · · · · · · · · · · · · · · · ·	TITLE  This form is to be filed in	compliance with RULE 1104.  wable for a newly drilled or deopened inted by a tabulation of the deviation		
	(Sign	atwe)	well, this form must be accounts tests taken on the well is seco	rdance with AULK 111.		

(Title)

All sections of this form must be filled out completely for allow-