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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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 360 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 No. E 9122 |
| 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 County | | | | |

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 C | Sec. 3 | Twp. 19S | Rge. 37E | Is gas actually connected? N/A | When N/A |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|-------------------------|----------------------|----------|---------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well SWD | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 11 | CASING & TUBING SIZE 8 5/8 | | DEPTH SET 1680 | | SACKS CEMENT 475 | | | |
| 7 7/8 | 5 1/2 | | 7045 | | 725 | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

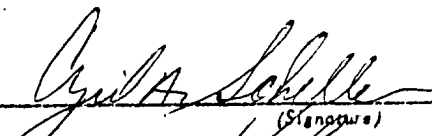
| | | | |
|--|-----------------|---|------------|
| Date First New Oil Run To Tanks N/A | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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 |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
(Title)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1987, 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 allowable on new and recompleted wells.