

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-  
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPRATION OFFICE	

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 180 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 ☐ 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  
Name 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  
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) SWD  
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 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)  
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/MNCF 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.  
Cynthia A. Schell (Signature)  
V.P. (Title)  
OIL CONSERVATION COMMISSION  
APPROVED DEC 15 1986  
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 deviated 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.

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