

|                   |     |
|-------------------|-----|
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

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: Oil ☐ Dry Gas ☐ Other (Please explain): Salvage of oil from Salt Water Disposal System, approximately 200 bbls.

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                         |                      |                                                 |                                                     |                            |
|---------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------------------|----------------------------|
| Lease Name<br><u>State AB</u>                                                                           | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Eumont</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>E 9122</u> |
| Location<br>Unit Letter <u>C</u> <u>650</u> <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> |                      |                                                 |                                                     |                            |
| Line of Section <u>3</u> Township <u>19S</u> Range <u>37E</u> NMPM, <u>Lea</u> County                   |                      |                                                 |                                                     |                            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                             |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><u>UPG, Inc.</u>   | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 5208 Hobbs, N.M. 88241</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>N/A</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>N/A</u>                              |
| If well produces oil or liquids, give location of tanks.<br><u>C</u>                                                        | Unit <u>3</u> Sec. <u>19S</u> Twp. <u>37E</u> Is gas actually connected? <u>N/A</u> When <u>N/A</u>                 |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |
| Date Spudded<br><u>5-25-71</u>                       | Date Compl. Ready to Prod.<br><u>SWD</u>                                                                                                                                                                                                                                                         |
| Elevations (DF, RKB, RT, CR, etc.)<br><u>3678 GR</u> | Name of Producing Formation<br><u>San Andres</u>                                                                                                                                                                                                                                                 |
| Perforations<br><u>4897-4919</u>                     | Top Oil/Gas Pay<br><u>4290</u>                                                                                                                                                                                                                                                                   |
| TUBING, CASING, AND CEMENTING RECORD                 |                                                                                                                                                                                                                                                                                                  |
| HOLE SIZE<br><u>11</u>                               | CASING & TUBING SIZE<br><u>8 5/8</u>                                                                                                                                                                                                                                                             |
| DEPTH SET<br><u>7045</u>                             | SACKS CEMENT<br><u>475</u>                                                                                                                                                                                                                                                                       |
| <u>7 7/8</u>                                         | <u>5 1/2</u>                                                                                                                                                                                                                                                                                     |
| <u>7045</u>                                          | <u>725</u>                                                                                                                                                                                                                                                                                       |

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<br><u>N/A</u> | 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<br><u>N/A</u> | Length of Test            | Bbls. Condensate/MCF      | 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]  
(Signature)  
Vice President  
(Title)  
3/19/84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1984, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY CEXTON  
DISTRICT I SUPERVISOR  
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.

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.

RECEIVED  
MAR 19 1984  
O.C.D.  
HOBBS OFFICE