

## OIL CONSERVATION DIVISION

Revised 10-1-70

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
M.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	

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 oil

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Salvage of oil from Salt Water Disposal  
System, approximately 220 bbls.If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State AB</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eumont</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease # <b>E 9122</b>
Location				
Unit Letter <b>C</b> : <b>660</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>3</b> Township <b>19S</b> Range <b>37E</b> , NMPM, <b>1ea</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill. Ho.
<b>SWD</b>								
Date Spudded <b>5-25-71</b>	Date Compl. Ready to Prod.	Total Depth <b>8170</b>	P.B.T.D. <b>5700</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3678 GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4290</b>	Tubing Depth <b>4868</b>					
Perforations <b>4897-4919</b>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11</b>	<b>8 5/8</b>	<b>1680</b>	<b>475</b>					
<b>7 7/8</b>	<b>5 1/2</b>	<b>7045</b>	<b>725</b>					

## 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 available for this depth or be for full 24 hours)

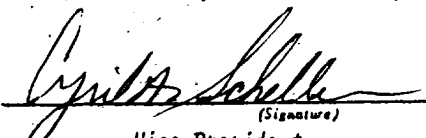
Date First New Oil Run To Tanks <b>N/A</b>	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D <b>N/A</b>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Vice President  
(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED

OCT 19 1983

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BY

ORIGINAL SIGNED BY JERRY SEXTON  
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 device  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condi-Separate Form C-104 must be filed for each pool in multi-  
completed wells.