

OIL CONSERVATION DIVISION

P. O. BOX 7000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
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DAE	
OPERATOR	
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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: ☐

Other (Please explain)

Recompletion ☐Oil ☐Dry Gas ☐

Salvage of oil from Salt Water Disposal System, approximately 220 bbls.

Change in Ownership ☐Casinghead Gas ☐Condensate ☐

If change of ownership give name and address of previous owner

I. 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 <u>C</u> : <u>660</u> Feet From The <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> N.M.P.M. <u>1ea</u> County				

II. 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)
UPG, Inc.	P. O. Box 5208 Hobbs, New Mexico 88241
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)
N/A	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 3 19S 37E N/A N/A

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R.
	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					

VI. 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 100 bbls 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

I. 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.

Cyril A. Schelle
(Signature)
Vice President
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 22 1983** 19
BY **ORIGINAL SIGNED BY EDDIE SEAY**
TITLE **OIL & GAS INSPECTOR**

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

1. *Pharmaceutical industry*—United States—History. I. Title. II. Series.

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OIL CONSERVATION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR A.A. Oilfield Service, Inc.

Address P. O. Box 5208 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Salvage of oil from Salt Water Disposal

Recompletion ☐ Oil ☐ Dry Gas ☐ System, approximately 220 bbls.

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State AB</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Eumont</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E 9122</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <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"/> <u>UPG, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 5208 Hobbs, New Mexico 88241</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <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) <u>SWD</u>	Oil well <input 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 Reservoir <input type="checkbox"/> Diff. Res. <input type="checkbox"/>
Date Spudded <u>5-25-71</u>	Date Compl. Ready to Prod. _____
Elevations (DF, RKB, RT, CR, etc.) <u>3678 GR</u>	Name of Producing Formation <u>San Andres</u>
Perforations <u>4897-4919</u>	Top Oil/Gas Pay <u>4290</u>
	Tubing Depth <u>4868</u>
	Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>8 5/8</u>	<u>1680</u>	<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 of hole for this depth or be for full 24 hours)

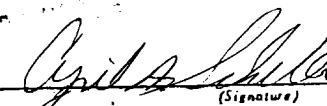
Date First New Oil Run To Tanks <u>N/A</u>	Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____	
Length of Test _____	Tubing Pressure _____	Casing Pressure _____	Choke Size _____
Actual Prod. During Test _____	Oil-Bbls. _____	Water-Bbls. _____	Gas-MCF _____

GAS WELL

Actual Prod. Test-MCF/D <u>N/A</u>	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 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)
8/22/83
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 23 1983, 19 _____

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.

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