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U.S. DEPT. OF THE INTERIOR	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

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. / Pool Name, including Formation <u>1 Elnamit</u>	Kind of Lease State, Federal or Free <u>State</u>	Lease No. <u>E 9182</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>27E</u> N.M.P.M. <u>Lea</u> Co. _____			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <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 ☐ or Dry Gas ☐ <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 Sec. Twp. Rge. Is gas actually connected? When <u>C 3 19S 37E N/A 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	Gas well	New well	Workover	Deepen	Plug back	Same Res'n. (D.M.)
Date Spudded <u>5-25-71</u>	Date Compl. Ready to Prod.	Total Depth <u>8170</u>	P.B.T.D. <u>5700</u>				
Elevations (DF, RKB, RT, CR, etc.) <u>3678 GR</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>4290</u>	Tubing Depth <u>4868</u>				
Perforations <u>4897-4919</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>735</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 - able 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.

Cyril A. Scheller
(Signature)
Vice President
(Title)
June 13, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 14 1983, 10
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 well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.

1983-01
1983-01

RECEIVED
JUN 13 1983
O.C.D.
HOBBS OFFICE