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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

P. O. BOX 2000  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
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 <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<u>Salvage of oil from Salt Water Disposal System, approximately 220 bbls.</u>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>UPG, Inc.</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>N/A</u>	<u>N/A</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <u>37E</u>	<u>N/A</u> <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 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't. <input type="checkbox"/> Diff. H. <input type="checkbox"/>
<u>SWD</u>	
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
<u>11</u>	<u>8 5/8</u>
<u>7 7/8</u>	<u>5 1/2</u>
DEPTH SET	SACKS CEMENT
<u>1680</u>	<u>475</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 <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 (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.

Cyril H. Schell  
(Signature)  
Vice President  
(Title)  
2-24-83  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 25 1983, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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

RECEIVED

FEB 24 1983

O.C.D.  
HOBBS OFFICE