

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

1.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator

A.A. Oilfield Service, Inc.

Address

Box 1517 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:			Salvage of oil from Salt Water Disposal System. Approximately 220 bbls.	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas		<input type="checkbox"/>
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 <i>State AB</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Eumont</i>	Kind of Lease State, Federal or Free <i>State</i>	Lease No. <i>E-9122</i>
Location				
Unit Letter <i>C</i> ; <i>660</i> Feet From The <i>North</i> Line and <i>1980</i> Feet From The <i>West</i>				
Line of Section <i>3</i> Township <i>19S</i> Range <i>37E</i> , NMPM, <i>1ea</i> 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 1517 Hobbs, New Mexico 88240	
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)	
NA					NA	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	3	19S	37E	NA	NA

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

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
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 4863		
Perforations 4897-4919							Depth Casing Shoe 7045		
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		

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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
NA					
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 NA	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

1. 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]
(Signature)

President

(Signature)

(Title)

5-12-81

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

APPROVED _____
 C. J. Signed by

BY _____

Dist. L. Supv.

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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.