

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

Operator A.A. Oilfield Service, Inc.	
Address Box 1517 Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Salvage of oil from Salt Water Disposal System Approximately 220 bbls.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

II. 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 C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 3 Township 19S Range 37E, NMPL, Lea					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1517 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ NA	Address (Give address to which approved copy of this form is to be sent) NA					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? NA	When NA

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 ☒ SWD	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Off.
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

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)

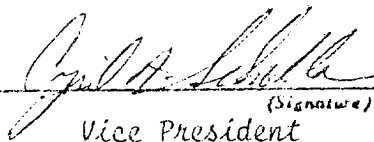
Date First New Oil Run To Tanks NA	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D NA	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

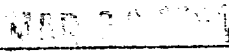
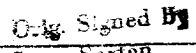
I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.


(Signature)
Vice President

3-26-81

(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19
BY 
Jerry Sexton
Dist. 1. 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 deepened
well, this form must be accompanied by a tabulation of the data
tests taken on the well in accordance with RULE 1111.

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 oil
well name or number, or transporter, or other such change of record.

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