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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AA ENERGY CORPORATION	
Address 1500 FIDELITY UNION TOWER, DALLAS, TX 75201	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Well workover - has been temporarily suspended since Sept. 1971
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner King, Warren & Dye Box 1505 Midland, Texas 79701

DESCRIPTION OF WELL AND LEASE				
Lease Name TOBY	Well No. 2	Pool Name, including Formation LANGLIE-MATTIX(Seven Rivers)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter K	1980	Feet From The West	Line and	1980
			Feet From The	South
Line of Section 7	Township 24South	Range 37 East	, NMPM, LEA County	

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)			
Shell Pipeline Corp.	P. O. Box 1910 Midland, Texas			
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)			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 7	Twp. 24	Pge. 37
		Is gas actually connected?		When
		No		

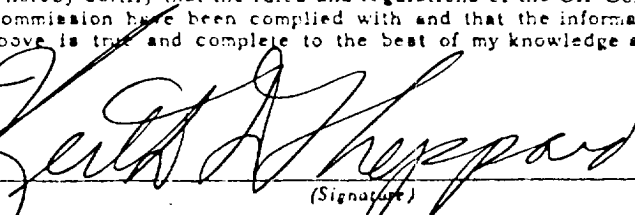
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input checked="" type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>		
Date Spudded 6/29/47	Date Compl. Ready to Prod. 7/23/47	Total Depth 3,570'	P.B.T.D. -
Elevations (DF, R&B, RT, GR, etc.) KB 3,332'	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 3,480'	Tubing Depth 3,564'
Perforations Open hole from 3,423' KB to 3,570' TD		Depth Casing Shoe 3,423'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8	150'	200
11"	8-5/8	2,789'	700
7-7/8"	5-1/2	3,423'	250
	2"eve	3,564'	-

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.)	
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	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	OIL CONSERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	APPROVED _____, 19____
 (Signature)	ORIGINAL SENT BY JERRY LAYTON
Senior Vice President (Title)	TITLE DISTRICT OFFICIAL
4/15/82 (Date)	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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable 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 multiply completed wells.