

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

Form O-104  
 Supersedes OMC-101 and O-  
 Effective 4-1-65

|                   |  |
|-------------------|--|
| DISTRICT          |  |
| COUNTY            |  |
| TOWNSHIP          |  |
| RANGE             |  |
| SECTION           |  |
| LAND OFFICE       |  |
| OPERATOR          |  |
| PRODUCTION OFFICE |  |

Operator Sulf Oil Corporation

Address P.O. Box 1670, Hobbs, NM 88240

Reason(s) for filing (check proper box)

|   |  |  |
|---|--|--|
| New Well <input type="checkbox"/>                       | Change in Transporter of: Oil <input type="checkbox"/> | Other (Please explain)<br><u>Change lease name and shall<br/>number effective 3-1-85<br/>N.M. Aggies "H" State (NCT-I) No. 5</u> |
| Recompletion <input type="checkbox"/>                   | Dry Gas <input type="checkbox"/>                       |  |
| Change in Ownership <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/>                    |  |

Change of ownership give name and address of previous owner Texaco

DESCRIPTION OF WELL AND LEASE

|  |                        |   |                               |           |
|--|------------------------|---|-------------------------------|-----------|
| Lease Name<br><u>Ceunice Monument</u>  | Well No.<br><u>158</u> | Pool Name, including Formation<br><u>Ceunice Monument</u> | Mind of Lease<br><u>State</u> | Lease No. |
| Location<br>Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>20-2</u> Range <u>37E</u> N.M.P.M. <u>Lea</u> County |                        |   |                               |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |   |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Texaco New Mexico Pipeline Co.</u>      | Address (Give address to which approved copy of this form is to be sent)<br><u>Box 2528, Hobbs, NM 88240</u>            |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Texaco Inc. (Used on Lease)</u> | 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 <u>P</u> Soc. <u>31</u> Twp. <u>20-2</u> Rng. <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>Unknown</u> |

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                    | Gas well        | New Well     | Workover | Deepen | Plug back | Same Prod., Diff. Test | Diff. Prod. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.D.T.D.     |          |        |           |                        |             |
| Elevations (DF, RNB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |                        |             |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |                        |             |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE (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            | Wells, Condensate/MWCF    | Gravity of Condensate |
| Testing Method (flow, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.D. Pitre  
 (Signature)

AREA ENGINEER  
 (Title)

1-23-85  
 (Date)

OIL CONSERVATION COMMISSION

**MAR 15 1985**

APPROVED \_\_\_\_\_, 19\_\_

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 a) pressure tests taken on the well in accordance with RULE 111.  
 All portions of this form must be filled out completely for allowable to be considered recomputed 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 conditions.

RECEIVED  
FEB - 4 1985  
O.C.D.  
HOBBS OFFICE