

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

Form O-104
 Supervisors: O.C. 101 and C.
 Effective 1-1-85

| | |
|-------------------|--|
| DISTRICT | |
| WARRANT | |
| FILE | |
| APPLICANT | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| 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: | Other (if lease explain) |
| Incompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | <u>Change lease name and depth</u> |
| Change in Ownership <input checked="" type="checkbox"/> | Coalbed Gas <input type="checkbox"/> | <u>Number effective 2-1-85</u> |
| | Dry Gas <input type="checkbox"/> | <u>H & L Houston No. 4</u> |
| | Condensate <input type="checkbox"/> | |

Change of ownership give name and address of previous owner Americada

DESCRIPTION OF WELL AND LEASE

Well No. 292 Pool Name, including Formation Cunece Monument Kind of Lease Fee Lease No. _____

Location Cunece Monument

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 7 Township 21-S Range 36-E N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Coalbed Gas or Dry Gas

Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Oakwood Odessa, TX 79761

If well produces oil or liquids, give location of tanks. H 7 215 36 E 7ps Is gas actually connected? Yes

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 | Refracture | Partial Refract |
|------------------------------------|----------------------------|----------|-----------------|----------|--------------|-------------------|------------|-----------------|
| | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | H.S.F.D. | | | |
| Completion (DF, RND, RT, CR, etc.) | Name of Producing Permit | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH - FEET | 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)

OIL WELL

| | | | |
|---------------------------------|-----------------|---|------------|
| 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-Base | Water-Base | Gas-MCF |

GAS WELL

| | | | |
|---------------------------------|---------------------------------------|---------------------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | W.B.S. Condensate/MCF | Gravity of Condensate |
| Testing Method (Flow, Back Fl.) | Tubing Pressure (lb/in ²) | Casing Pressure (lb/in ²) | 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.P. Pitzer
 (Signature)
AREA ENGINEER
 (Title)
1-29-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow- able on new and re-completed 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 ownership.