

DISTRICT OFFICE
 STATE OF NEW MEXICO
 LAND OFFICE
 TRANSPORTER
 OPERATOR
 REGISTRATION OFFICE

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

Form O-104
 Supervised OIL-101 and C-110
 Effective 1-1-65

Operator Sulf Oil Corporation

Address P O Box 670, Hobbs, NM 88240

Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Consignment Gas Condensate

Other (Please explain)
Change lease name and state
Member effective 2-1-85
State "AW" No. 1

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

DESCRIPTION OF WELL AND LEASE
 Well Name Enrico monument well Well No. 361 Pool Name, including Formation Enrico Movement Kind of Lease State, Federal or Fee Lease No.

Location
 Unit Letter A : 660 Feet From The North Line and 660 Feet From The East
 Line of Section 16 Township 21-S Range 36-E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Arco Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 1190 Midland Tx 79702
 Name of Authorized Transporter of Consignment Gas or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Embrook Odessa Tx 79761
 If well produces oil or liquids, give location of tanks. Unit A Sec. 16 Twp. 31S Rge. 36E 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	Stim. Res'n.	Part. Treat
Date spudded	Date Compl. Ready to Prod.		Total Depth		P.D., T.D.			
Elevations (DB, RSB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth, Casing Size		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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 (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 here is true and complete to the best of my knowledge and belief.
RDP
 (Signature)
 AREA ENGINEER
 (Title)
 1-28-85
 (Date)

OIL CONSERVATION COMMISSION
MAR 14 1985
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEBASTIAN
 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 deviated 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 change of owner, well name or number, or transporter, or other such change of title.

RECEIVED

FEB - 4 1985

U.S. HOUSE OF REPRESENTATIVES