

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

Form O-104
 Supersedes OIL-101 and C-
 Effective 1-1-65

| | |
|-------------------|--|
| DEPARTMENT | |
| DATE RECEIVED | |
| FILE | |
| U.S.G.S. | |
| 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 Oil <input type="checkbox"/> | Other (Please explain) <u>Change lease name and well number effective 2-1-85</u> <u>Dillully "B" Fed R/A/A No. 1</u> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | Castinhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

(Change of ownership give name and address of previous owner) Amoco Production Company

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|---------------------|---|-------------------------------------|-------------------------|
| Well Name <u>Unit</u> | Well No. <u>121</u> | Pool Name, including Formation <u>Ceunee Monument</u> | Kind of Lease <u>Federal or Fed</u> | Lease No. <u>C03173</u> |
|-----------------------|---------------------|---|-------------------------------------|-------------------------|

Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 25 Township 20-2 Range 36-E , N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79701</u> |
| Name of Authorized Transporter of Castinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>4001 Oakbrook, Odessa, TX 79761</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>L</u> Sec. <u>25</u> Twp. <u>20S</u> Rge. <u>36E</u> | <u>Yes</u> <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 | Stim. Treat. | Well Head |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (Dr, RKB, 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 land 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 |

TAG WELL

| | | | |
|----------------------------------|----------------------------|----------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | lbbs. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (lbbs./in) | Casing Pressure (lbbs./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. Pate
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 5 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 allowable on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

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