

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

Form O-16A
 Supersedes O-101 and O-102
 Effective 1-1-65

UNIT NUMBER	
WELL NAME	
WELL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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 Oil Other (Please explain) Change lease name and shall
 Recombination Oil Dry Gas Number effective 2-1-85
 Change in Ownership Casinghead Gas Condensate Shelly "A" State No. 1

(Change of ownership give name and address of previous owner) Getty Oil Company

DESCRIPTION OF WELL AND LEASE
 Well Name Unit Well No. 106 Pool Name, including Formation Cerrise Monument Kind of Lease State Lease No.
 Location Cerrise Monument (State, Federal or Fee)
 Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West
 Line of Section 25 Township 20-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 Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company P.O. Box 2528, Hobbs, NM 88240
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company 4001 Pembroke, Odessa, TX 79761
 If well produces oil or liquids, give location of tanks. Unit E Sec. 25 Twp. 20S Rge. 36E Is gas actually connected? yes When Unknown

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Part. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.
RDP
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION
 MAR 15 1985
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
 TITLE DISTRICT SUPERVISOR
 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 owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

FFB - 4 1985

O.C.D.
HOBBE OFFICE