

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

Form O-111
 Supervising Oil, Gas and
 Electrician 1-1-67

DISTRICT OFFICE	
COUNTY	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
REGULATION OFFICE	

Operator Sully Oil Corporation
 Address P.O. Box 1670, Hobbs, NM 88240
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Coalbed Gas Condensate
 Other (Please explain) Change lease name and well number effective 2-1-85
Shelly "H" State No. 2
 (Change of ownership give name and address of previous owner) Setty Oil Company

DESCRIPTION OF WELL AND LEASE
 Lease Name East Well No. 105 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No. _____
 Location Cenice Monument
 Unit Letter D : 1660 Feet From The North Line and 990 Feet From The West Line of Section 25 Township 20-S Range 36-E, NMPM, 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) P.O. 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 Foxbrook, 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 number: _____
 COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Reatv. Diff. Reatv.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RSB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 Perforations _____ Depth Casing Shoe _____

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 _____ bbls. Condensate/MCF _____ Gravity of Condensate _____
 Testing Method (pilot, back pr.) _____ Tubing Pressure (lb/in²-in) _____ Casing Pressure (lb/in²-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 in 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 15 1985, 19 _____
 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 allowables 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.

JOSE P. JAM
FEB 4 1985
HOUSE OFFICE

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