

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

Form OCM  
 Supervised by Oil and Gas  
 Industries Division

OPERATOR	
PRODUCTION OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> 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 <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>Change lease name and state</u> <u>Number selective 1-85</u> <u>State "K" No. 3</u>
Change in Ownership <input checked="" type="checkbox"/>	Coasting Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Well No. <u>144</u>	Pool Name, including Formation <u>Cenozoic Monument</u>	Kind of Lease <u>State</u>	Lease No.
Location <u>Unit Letter G</u>	Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>20-S</u> Range <u>36-E</u> N.M.P.M. <u>Albany</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline</u>	<u>Box 60028, Los Angeles, CA 90061</u>
Name of Authorized Transporter of Coasting Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Pembroke, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u>
Unit <u>A</u> Sec. <u>36</u> Twp. <u>20S</u> Rng. <u>36E</u>	When <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	Side track	Partial flow
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Conditions (DP, RSD, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Stop					

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 lead 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
Accum. Prod. During Test	Oil - Bbls.	Water - Bbls.	GAS - MCF

GAS WELL

Accum. Prod. Test - MCF/D	Length of Test	Bbls. Condensate, MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-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  
 (Date) 1-21-85  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19

ORIGINAL SIGNED BY SPRY GLENN  
 DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with N.M.C. 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 available tests taken on the well in accordance with N.M.C. 111.  
 All sections of this form must be filled out completely for allowable and recovery of a well.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB - 4 1985

O.C.P.  
HODS OFFICE