

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

Form O-104  
 Supersedes OHS 1-101 and C-  
 1-102 (1-1-65)

TABLE NO.	
FILE NO.	
LAND OFFICE	
TRANSPORTER	OIL 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  Change in Transporter of: Oil  Dry Gas  Condensate   
 Recombination  Other (Please explain) Change lease name and state number effective 2-1-85  
 Change in Ownership  State "K" No. 4  
 (Change of ownership give name and address of previous owner Shell)

DESCRIPTION OF WELL AND LEASE  
 Well No. 139 Pool Name, including Formation Cenice Monument Kind of Lease Lease Lease No. \_\_\_\_\_  
 Location Cenice Monument State, Federal or Fee \_\_\_\_\_  
 Unit Letter B; 660 Feet From The North Line and 1980 Feet From The East  
 Line of Section 36 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  Depas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, NM 88240  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Parkwood, Odessa, TX 79761  
 If well produces oil or liquids, give location of tanks. Unit A Sec. 36 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	Some Restv.	Full Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, RSD, 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

GAS WELL  

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lb/in <sup>2</sup> -in)	Casing Pressure (lb/in <sup>2</sup> -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.  
R. D. Pate  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 1-21-85  
 (Date)

OIL CONSERVATION COMMISSION  
 APPROVED MAR 15 1985, 19\_\_\_\_  
 BY ANN SEXTON  
 DISTRICT I SUPERVISOR  
 TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1104.  
 If this be 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 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 change of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

FEB - 4 1985

O.C.D.  
HOBBY OFFICE