

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

Date: 1-21-85  
 Supervisor: Jerry Sexton, District I  
 Houston, Texas

OPERATOR	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
LOCATION OF OFFICE	

Operator Sulf Oil Corporation

Address P.O. Box 1270, Hobbs, NM 88240

Reasons for filing (Check proper box)

New well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Perforation <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>Change lease name and state</u>
Change in Ownership <input checked="" type="checkbox"/>	Gashead Gas <input type="checkbox"/>	<u>Number effective 1-1-85</u>
	Dry Gas <input type="checkbox"/>	<u>State "K" No. 2</u>
	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Well Name Cenice Monument Well No. 145 Pool Name, including Formation Cenice Monument Kind of Lease State Lease No. \_\_\_\_\_

Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 36 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  or Condensate   
Texas 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 Gashead Gas  or Dry Gas   
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)  
4001 Oakbrook, Odessa, TX 79761

If well produces oil or liquids, give location of tanks. Unit A Sec. 36 Twp. 20-2 Rge. 36 E 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	Recover	Deepen	Plug back	Since ready, (Date, month)
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.F.D.		
Conditions (DR, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforation					Depth Casing shoe		

TUBING, CASING, AND GRADING 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)

Oil Well Test Data

Date First New Oil Run To Tanks	Date of Test	Producing Method (Hand, 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 Test Data

Actual Prod. Test - MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	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 Pate  
 (Signature)  
AREA ENGINEER  
 (Title)  
1-21-85  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JERRY SEXTON 1985

BY JERRY SEXTON  
 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 6-month tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowables on new wells completed within 180 days.  
 Fill out only sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.