

OPERATOR	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-85

Operator Sulf Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Person(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☒ Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Cast-in-place Gas ☐
Other (Please explain) Change Lease Name and Shell Number effective 2-1-85 State "E" No. 2
If change of ownership give name and address of previous owner Arco

DESCRIPTION OF WELL AND LEASE

Lease Name Arco Well No. 245 Pool Name, including Formation Cerrito Monument Kind of Lease State Lease No.
Location Cerrito Monument
Unit Letter T : 1980 Feet From The South Line and 660 Feet From The West Line of Section 5 Township 21-S Range 36-E NMDM, 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) Arco Pipeline Company Box 1190 Midland TX 79702
Name of Authorized Transporter of Cast-in-place Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 400 Oakbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit S Sec. 5 Twp. 21S Rng. 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
Designate Type of Completion - (X)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RND, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Day
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 OIL WELL (Test must be after recovery of total volume of lost 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.)	Testing 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.

R.D. Prite
(Signature)
AREA ENGINEER
(Title)
7-29-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985
ORIGINAL SIGNED BY DISTRICT 1 SUPERVISOR
BY
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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow this 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 condition.