

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

Form O-104  
 Supersedes Old O-101 and O-110  
 Effective 1-1-65

OPERATOR	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION OFFICE	

Operator Sulf Oil Corporation

Address O. Box 1670, 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 well</u>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	<u>Number effective 3-1-85</u>
	Dry Gas <input type="checkbox"/>	<u>State "AX" Prod.</u>
	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ceunice Monument</u>	Well No. <u>384</u>	Pool Name, Including Formation <u>Ceunice Monument</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
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Location

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

Line of Section 16 Township 21-S Range 36-E, NMPM, Lea 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>Arco Pipeline Company</u>	<u>Box 1190 Midland TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input 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 Oakbrook Odessa TX 79761</u>

If well produces oil or liquids, give location of tanks. Unit A Sec. 16 Twp. 21S 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	Shut-in	Prod. Test
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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

TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-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.P. Prite  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 1-28-85  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1985, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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 completion 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 recompleted 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.

RECEIVED  
FFB - 4 1985  
FBI  
HOUSTON OFFICE