

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

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

DEPARTMENT	
SUBJECT	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Sulf Oil Corporation

Address PO Box 670, Lordsburg, NM 88240

Reason(s) for filing (Check proper box) Other (if necessary explain)

New Well Change in Transporter of: Oil Dry Gas Change Name and State

Incompletion Oil Dry Gas Number effective 2-1-85

Change in Ownership Casinghead Gas Condensate State "A" No 1

If change of ownership give name and address of previous owner Koch Exploration Company

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ceunice Monument</u>	Well No. <u>243</u>	Pool Name, including formation <u>Ceunice Monument</u>	Kind of Lease State, Federal or Free	Lease No.
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Location
 Unit Letter R : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 5 Township 21-S Range 36-E , N.M.P.M. Sec County Doña Ana

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Arco Pipeline Company Address (Give address to which approval copy of this form is to be sent) Box 1190 Midland TX 79701

Name of Authorized Transporter of Casinghead Gas Dry Gas Shellip's Petroleum Company Address (Give address to which approval copy of this form is to be sent) 4001 Pembroke Dallas TX 75261

If well produces oil or liquids, give location of tanks. Unit R Sec 5 Twp 21-S Rng 36-E Is gas actually conserved? 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	Stim. treat'm.	Prod. treat'm.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Conditions (DF, RAB, RT, CR, 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 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.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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
 AREA ENGINEER
 (Date) 1-29-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY JERRY SEXTON
 DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104. If this be a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able for 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.