

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

Form O-104
 Supersedes O-101 and O-102
 Effective 1-1-85

REGISTRATION	
LAND AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator Sulf Oil Corporation

Address P.O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of Oil Other (Please explain) Change lease name and state number effective 3-1-85

Recompletion Oil Dry Gas State "P" No 1

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Arco Oil & Gas

DESCRIPTION OF WELL AND LEASE

Well Name Unit Well No. 107 Pool Name, including Formation Council Monument Kind of Lease State Lease No. _____

Location Council Monument

Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 25 Township 20-S Range 36-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Shell, New Mexico Petroleum Company Address (Give address to which approved copy of this form is to be sent) P.O. 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 Denbrook, Odessa, TX 79761

If well produces oil or liquids, give location of tanks. Unit F Sec. 25 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	Same as last	Unit. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKB, 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 (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 (spot, back pr.)	Tubing Pressure (48in-in)	Casing Pressure (48in-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. Pata
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT 1 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 gravimetric 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 conditions.

RECEIVED

FEB - 4 1985

REC'D
HOOBS OFFICE