

DEPARTMENT	
SANTA FE	
TITLE	
ADDRESS	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

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-102
Effective 1-1-65

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: ☐ Other (Please explain) Change Lease Name and Well Number effective 5-7-85
Recompletion ☐ Oil ☐ Dry Gas ☐ Aggie State No. 9
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
(Change of ownership give name and address of previous owner Effon)

DESCRIPTION OF WELL AND LEASE
Well Name Ceunice Monument South 146 Well No. 146 Pool Name, including Formation Ceunice Monument Kind of Lease State, Federal or Fee Lease No.
Location E 1980 Feet From The North Line and 660 Feet From The West Line of Section 31 Township 20-S Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Address (Give address to which approved copy of this form is to be sent) 4001 Perbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit N Soc. 31 Twp. 20S Rge. 37E Is gas actually connected? CI When

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 Test ☐ Diff. Test ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (OF, RSD, 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 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

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (flow, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-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.
RDPite
(Signature)
AREA ENGINEER
(Title)
5-21-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED , 19
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 available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able to be determined.
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.