

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

Form C-104
Supervisory OIL C-101 and C-
110a (Rev. 1-1-65)

DEPARTMENT OF	
SALE & RE	
FILE	
RECORDS	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERMITTING OFFICE	

Operator Sulf Oil Corporation
Address P.O. Box 670, Lordsburg, NM 88240
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change lease name and well number effective 2-1-85
Neely "B-4" No. 1
(Change of ownership give name and address of previous owner) Conoco Inc

DESCRIPTION OF WELL AND LEASE
Well Name Genice Monument Well No./Pool Name, Including Formation 259 Genice Monument Kind of Lease Lease Lease No. 259
Location Unit Letter V ; 1660 Feet From The South Line and 1980 Feet From The West
Line of Section 4 Township 21-S Range 36-E N.M.P.M. Lea County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Arco Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 1190 Midland TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Shawco Petroleum Company Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa OK 74100
If well produces oil or liquids, give location of tanks. Unit V Sec. 4 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)
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (D.F., R.N.D., R.T., G.R., 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 (pilot, 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. Pate
(Signature)
AREA ENGINEER
(Title)
1-28-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNED BY JERRY SEKTON
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 deviated 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

FEB - 4 1985

O.C.D.
HOBBS OFFICE