

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-
Effective 1-1-85

LAND OFFICE	
FILE	
RECEIVED	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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 ☐
Incompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and Well Number effective 2-1-85
Meyer "B-4" No. 11
(Change of ownership give name and address of previous owner) Conoco Inc.

DESCRIPTION OF WELL AND LEASE
Lease Name Unit Well No. 261 Pool Name, including Formation Cerrice Monument Kind of Lease State Lease No.
Location Cerrice Monument
Unit Letter X : 660 Feet From The South Line and 660 Feet From The East Line of Section 4 Township 21-S Range 36-E , NMPM, Lea County

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 ☐
Charren 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 R. 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.O.T.D. _____
Elevations (D.F., RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Head _____

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

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing 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 here is true and complete to the best of my knowledge and belief.

RDP
(Signature)
AREA ENGINEER
(Date)
1-28-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 gas-lift 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.
HONORARY OFFICE