

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

Form O-104
Supersedes Old O-104 and C
Effective 1-1-85

DATE RECEIVED	
FILE	
U.S.G.S.	
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 ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Coalbed Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and Well Number effective 3-1-85
Neuer "B-4" No. 18
(Change of ownership give name and address of previous owner Conoco)

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Excellence Monument</u>	Well No. <u>181</u>	Pool Name, including Formation <u>Excellence Monument</u>	Kind of Lease <u>State</u>	Lease No.
Location <u>B</u>	<u>181</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>East</u>	
Line of Section <u>4</u>	Township <u>21-S</u>	Range <u>36-E</u>	NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Arco Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1190 Midland, TX 79702</u>
Name of Authorized Transporter of Coalbed Gas ☐ or Dry Gas ☐ <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 Tulsa OK 74100</u>
If well produces oil or liquids, give location of tanks.	Unit <u>V</u> Sec. <u>4</u> Twp. <u>21S</u> Rng. <u>36E</u>
Is gas actually connected?	<u>yes</u>
When	<u>Unknown</u>

(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	Shore Res'v.	Off. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking 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 (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.

RDP

(Signature)

AREA ENGINEER

(Title)

1-28-85

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 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 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.

RECEIVED

FEB -4 1985

U.C.B.
HOLDS OFFICE