

DEFINITION	
SALT AQUE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

Form C-104
Superseding Old C-104 and C-
Effective 1-1-65

Operator Sulf Oil Corporation
Address P.O. Box 1670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Condensate Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and Well Number effective State "A" No. 2
(Change of ownership give name and address of previous owner) Koch Exploration Company

DESCRIPTION OF WELL AND LEASE
Lease Name Unit Well No. 242 Pool Name, including Formation Carrizosa Monument Kind of Lease State, Federal or Fee Lease No.
Location Carrizosa Monument
Unit Letter Q : 1980 Feet From The South Line and 1660 Feet From The East
Line of Section 5 Township 21-S Range 36-E N.M.P.M. 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 Condensate Gas ☐ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Ocala TX 79761
If well produces oil or liquids, give location of tanks. Unit R Sec. 5 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) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Diff. Reservoir
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (D.F., R.R.D., R.T., C.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 (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
Across 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.

R.D. Pitzer
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)

OIL CONSERVATION COMMISSION

MAR 15 1985

APPROVED , 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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow- able or new well recompleting a well.

Fill out only Sections I, II, III, and VI for changes of owner- ship name or number, or transporter, or other such change of condition.