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TRANSPORTED	☒ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Superseding O-104 and O-
Effective 1-1-85

Operator Sulf Oil Corporation
Address P.O. Box 670, Lordsburg, NM 88240
Person(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Change lease name and shell
Renewal/Extension ☐ Oil ☐ Dry Gas ☐ Lease effective 2-85
Change in Ownership ☒ Coalbed Gas ☐ Shale gas ☐ State "B" No. 2
If change of ownership give name and address of previous owner Arco

DESCRIPTION OF WELL AND LEASE

Well Name Unit Well No. 323 Pool Name, Including Formation Cerrito Monument Kind of Lease State, Federal or Free Lease No.
Location Cerrito Monument
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 8 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 ☐ Address (Give address to which approved copy of this form is to be sent)
Arco Pipeline Company Box 1190 Midland TX 79702
Name of Authorized Transporter of Coalbed Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company 4001 Expressway Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit I Sec. 8 Twp. 21-S Range 36-E Is gas directly 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 Well, Diff. Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.T.D.				
Measurements (DP, RNP, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations	Depth Casing Shoe						

TUBING, CASING, AND CHANGING 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Units, 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)
1-29-85
(Date)

OIL CONSERVATION COMMISSION

MAR 15 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY GARDNER
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 deviate 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 well name or number, of transporter, or other such change of capability.

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FFB - 4 1989

O.C.D.
HOUSE OFFICE