

DISBURSEMENT	
CASH RECEIPT	
FILE	
DEPOSIT	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form OCS-104
Supersedes Old OCS-101 and OCS-102

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: Change Lease Name and Well
Recompletion ☐ Oil ☐ Dry Gas ☐ Number effective 2-1-85
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Weyer "A-1" No. 4
If change of ownership give name and address of previous owner Conoco Inc.

DESCRIPTION OF WELL AND LEASE

Lease Name Unit Well No. 336 Pool Name, Including Formation Conoco Monument Kind of Lease State Lease No. 336
Location Unit Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 8 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 ☐ Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Shawhan 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 K Sec. 8 Twp. 21-S Rng. 36-E 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	Stim. Treat.	Unit. Treat.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Measurements (DP, RND, RT, CR, 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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. Pite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNED BY JEFFY SEXTON
TITLE DISTRICT 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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able 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.