

DISTRICT	
SANTA FE	
FILE	
OIL & GAS	
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 O-101
Supersedes OIL C-101 and C-
Effective 1-1-65

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 ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change lease name and shell number effective 2-1-85
Meyer "A-1" No. 2
If change of ownership give name and address of previous owner Conoco Inc

DESCRIPTION OF WELL AND LEASE
Well Name Exenice Monument Well No. 326 Well Name, including formation Exenice Monument Kind of Lease State Lease No.
Location Unit L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 8 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 ☐ Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Company Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Darren Petroleum Company Box 1589 Tulsa OK 74100
If well produces oil or liquids, give location of tanks. Unit K Sec. 8 Twp. 21-S Rge. 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 ☐ Sure Test ☐ Perf. Test ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DB, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

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 Lbs. Condensate/MCF Gravity of Condensate
Testing Method (Flow, back pr.) Tubing Pressure (inlet-in) Casing Pressure (inlet-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.
RDPite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNED BY JERRY SEDGWICK
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 deviation tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowance 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.