

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

Form O-104
Supersedes O-104 and O-
110 (Rev. 1-1-65)

DEPARTMENT	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Sulf Oil Corporation

Address P.O. Box 670, Hobbs, NM 88240

Person(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 ☒ Gashead Gas ☐ Condensate ☐ Meyer "B-9" No. 1

If change of ownership give name and address of previous owner Conoco Inc.

DESCRIPTION OF WELL AND LEASE

Well Name Genice Monument South 321 Well No. 321 Pool Name, Including Formation Genice Monument Kind of Lease State, Federal or Fee Lease No.

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 9 Township 21-S Range 36-E , NM , 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 Gashead Gas ☒ Dry Gas ☐ Warren 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. 9 Twp. 21S R. 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	Stim. Rest. Pl. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Observations (DF, RNP, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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

TAG WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Back pr.)	Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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 MARY DEXON
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 deviation 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 owner, well name or number, or transporter, or other such change of essential

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O.C.D.
HOBBS OFFICE

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

I. Operator
Conoco Inc.
Address
P.O. Box 460, Hobbs, New Mexico 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 of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meyer B-9	Well No. 1	Pool Name, Including Formation Eunice Monument (G-SA)	Kind of Lease State, Federal or Fee	Lease No. LC-031746(b)
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>9</u> Township <u>21</u> Range <u>36</u> , NMPM, <u>lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Atlantic Rockfield Co.	Address (Give address to which approved copy of this form is to be sent) Midland, Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, 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			

V. 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

J. D. Thompson
(Signature)
Division Manager
(Title)
6-14-79
(Date)

NMOCD (5)
USGS(2) NMFu(4) FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry Lipton
TITLE District Supervisor

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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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.