

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

Form O-100
Superseding OIL C-101 and C-
Effective 1-1-65

DEPARTMENT OF		
LAND & REVENUE		
FILE		
ADDRESS		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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 well number effective 2-1-85
Ernest C. Adkins No. 2
If change of ownership give name and address of previous owner Arco

DESCRIPTION OF WELL AND LEASE
Lease Name Ernest C. Adkins No. 2 Well No. 341 Pool Name, including Formation Ernest C. Adkins No. 2 Kind of Lease State, Federal or Free Lease No.
Location
Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East Line of Section 9 Township 21-S Range 36-E , N.M.P.M. Lee County Lee

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline 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 ☒ Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Oakbrook Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit J Sec. 9 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 ☐ Sore Res'n. ☐ Unit ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Circulations (DP, RNP, 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

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	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. Pate
(Signature)

AREA ENGINEER
(Title)

1-29-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 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 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 owner, well name or number, or transporter, or other such change of deviate.

FEB - 4 1985

O.C.D.
HOBBS OFFICE