

REGISTRATION		
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form O-104
Supersedes O-104 and O-
104-105 (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 (if lease expires) Change Lease Name and Shell
December effective 3-1-85
Ernest C Adkins No. 6
If change of ownership give name and address of previous owner Arco

DESCRIPTION OF WELL AND LEASE
Lease Name Arco Well No. 342 Pool Name, including Formation Eocene Monument State, Federal or Fee State Lease No.
Location Eocene Monument
Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line
Line of Section 9 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 ☐
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 ☐ for 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. 21S Rge. 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 ☐ Since Revis. Unit, Revis. ☐
Date spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.O.T.D. ☐
Elevations (DF, RSD, 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 (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)
Oil Well ☐
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.
RDPite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNATURE
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 deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowance 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.

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FFB - 4 1985

O.C.D.
HOBBS OFFICE