

DISTRIBUTION	
SALE PRICE	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

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

Form O-104
Superseding O-103 and C-1
Effective 1-1-65

Operator Sulf Oil Corporation
Address P.O. Box 1670, 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 3-1-85
C. H. Marshall Ac. 3
If change of ownership give name and address of previous owner Carl R. Bruno

DESCRIPTION OF WELL AND LEASE

Well Name <u>Cenice Monument South</u>	Well No. <u>351</u>	Pool Name, including Formation <u>Cenice Monument</u>	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>21-S</u> Range <u>36-E</u> N.M.P.M. <u>See</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119 Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Oakbrook Odessa, TX 79761</u>	
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>12</u> Twp. <u>21S</u> Range <u>36E</u>	Is gas actually connected? <u>Yes</u>	When <u>Unknown</u>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Shut-in	Prod. Resv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RSD, RT, GR, 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 Procedure	Casing Procedure	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 (pilot, back pr.)	Testing Pressure (lb/sq-in)	Casing Pressure (lb/sq-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)
1-28-85
(Date)

OIL CONSERVATION COMMISSION

MAR 15 1985

APPROVED _____, 19__

BY ORIGINAL SIGNED BY PERTY SECTION

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 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 change of name, well name or number, or transportation, or other such change of condition.

RECEIVED

FEB - 4 1985

C.C.D.
HOBBS OFFICE