

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
REGISTRATION OFFICE	

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

Form C-104
Supersedes OMC-104 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: Change Lease Name and Well Number effective 2-1-85
Recompletion ☐ Oil ☐ Dry Gas ☐ Lockhart "B-14" No. 6
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner Conoco Inc.

DESCRIPTION OF WELL AND LEASE
Lease Name Unit Well No. 429 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No.
Location Cenice Monument
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 14 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 ☐ or Dry Gas ☐ Harren 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 E Sec. 14 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 ☐ Sand Res'n. ☐ Perf. Res'n. ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (D.F., R.R.B., 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 lead 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 (lb/in²) Casing Pressure (lb/in²) 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. Prite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
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 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.

RECEIVED

FEB - 4 1985

OFFICE
HOBBY OFFICE