

DISTRIBUTION
 SANTA FE
 FILE
 ADDRESS
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 REGISTRATION OFFICE

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

Form O-104
 Supersedes Old O-101 and O-102
 Effective 1-1-85

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 ☐
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
 Other (Please explain) Change Lease name and state number effective 2-1-85
State "D" No. 8
 If change of ownership give name and address of previous owner Conoco Inc.

DESCRIPTION OF WELL AND LEASE
 Lease Name Unit Well No. 427 Pool Name, including Formation Cienice Monument Kind of Lease State, Federal or Fee Lease No. _____
 Location Cienice Monument
 Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line
 Line of Section 15 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 ☐ Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company Box 1910 Midland TX 79701
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company Box 1589 Tulsa OK 74100
 If well produces oil or liquids, give location of tanks. Unit B Sec. 15 Twp. 21S Rge. 36E Is gas actually collected? 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 Heave ☐ Part. Heave ☐
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.O.T.D. _____
 Elevations (OF, RKB, RT, CR, 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 lost 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 (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. Pitzer
 (Signature)
 AREA ENGINEER
 (Title)
 1-28-85
 (Date)

OIL CONSERVATION COMMISSION
 MAY 24 1985
 APPROVED _____, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I 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 conditions.

RECEIVED

FEB - 4 1985

O.C.D.
HOSES OFFICE