

DISTRIBUTION	
SANTA FE	
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 Old O-104 and C
Effective 1-1-65

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 ☒ Gashead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and Shell Number effective 2-1-85
State "D" No. 9
Change of ownership give name and address of previous owner Conoco Inc

DESCRIPTION OF WELL AND LEASE

Lease Name	Unit	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Cenice Monument South</u>	<u>387</u>	<u>Cenice Monument</u>		State, Federal or Fee	
Location					
Unit Letter	<u>G</u>	Feet From The	<u>North</u>	Line and	<u>1980</u>
Line of Section	<u>15</u>	Township	<u>21-S</u>	Range	<u>36-E</u>
					N.M.P.M.
					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)					
<u>Shell Pipe Line Company</u>	<u>Box 1910 Midland TX 79701</u>					
Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Company</u>	<u>Box 1589 Tulsa OK 74100</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>B</u>	<u>15</u>	<u>21S</u>	<u>36E</u>	<u>Yes</u>	<u>Unknown</u>

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Resrv.	Unif. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (DF, RSB, 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 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 (Spot, 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

1-28-85
(Date)

OIL CONSERVATION COMMISSION

MAR 15 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY AREA ENGINEER
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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow- able on new and re-completed 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.

