

DISTRIBUTION	
SALE AREA	
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-103 and O-
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: Oil ☐ Dry Gas ☐
Incompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain) Change Lease Name and Well Number effective 2-1-85
State "C" No. 4
(Change of ownership give name and address of previous owner) Cities Service

DESCRIPTION OF WELL AND LEASE
Well Name Cenice Monument South Well No. 422 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No.
Location Unit Letter N : 6660 Feet From The South Line and 1980 Feet From The West
Line of Section 16 Township 21-S Range 36-E NMPN, 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) Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 4001 Garbrook Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit L Sec. 16 Twp. 21-S Rge. 36-E 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 ☐ Same Rest. ☐ Diff. Rest. ☐
Date Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ P.B.T.D. ☐
Elevations (DF, RSP, 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)
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.) ☐ Testing 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. Pite
(Signature)
AREA ENGINEER
(Title)
1-28-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 14 1985, 19
BY ORIGINAL SIGNED BY ALAN SEXTON
TITLE DISTRICT 1 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 completion tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

RECEIVED
FEB - 4 1985
O.C.D.
HOMER OFFICE