

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

Form O-101
Supersedes OIL C-101 and C-
Effective 1-1-65

OPERATOR	
PRODUCTION OFFICE	
LAND OFFICE	
TRANSPORTER	OIL GAS

Operator Sulf Oil Corporation
Address PO Box 670, 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 State No. effective 2-1-85
If change of ownership give name and address of previous owner Getty

DESCRIPTION OF WELL AND LEASE
Lease Name Cenice Monument South Well No. 362 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East
Line of Section 16 Township 21-S Range 36-E N.M.P.M. 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 ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit D Sec. 16 Twp. 21S Range 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)
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (DF, 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 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.)	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. Pater
(Signature)
AREA ENGINEER
(Title)
1-28-85
(Date)

OIL CONSERVATION COMMISSION

MAR 14 1985

APPROVED _____, 19____

BY _____

TITLE _____

ORIGINAL SIGNED BY AREA 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 production 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 existing wells. Well name or number, or transporter or other such number.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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FEB -4 1985
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HOLDS OFFICE