

DISTRIBUTION	
SALE OFFICE	
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 OIL C-101 and C-
Effective 1-1-85

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: Other (Please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐ Change Lease Name and State
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Number effective 2-1-85
State "E" No. 1
If change of ownership give name and address of previous owner Getty

DESCRIPTION OF WELL AND LEASE
Lease Name Cenice Monument South Well No. 401 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No.
Location Unit
Unit Letter I : 1980 Feet From The South Line and 4060 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 ☐ Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company 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)
Hobbs Petroleum Company Box 1589, Hobbs NM 88240
If well produces oil or liquids, give location of tanks. Unit I Sec. 16 Twp. 31S 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)
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (D.F., R.S.B., R.T., C.R., etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land 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/in) Casing Pressure (lb/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. Pitter
(Signature)
AREA ENGINEER
(Title)
1-28-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 14 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 allowables to be calculated.
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
C.C.D.
HOBBS OFFICE