

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

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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 1670, 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 well number effective 2-1-85
Meeker "A-1" No. 7
If change of ownership give name and address of previous owner Conoco Inc

DESCRIPTION OF WELL AND LEASE
Lease Name Ant Well No. 375 Pool Name, including Formation Cenice Monument State, Federal or Free Lease No.
Location Cenice Monument
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 18 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 ☐
Warren Petroleum Company Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa OK 74102
If well produces oil or liquids, give location of tanks. Unit K Sec. 8 Twp. 21S 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) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Sand Seal ☐ Fill. Reel
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (OF, RAB, 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 (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)
Oil Well
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.
RDP Rite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 14 1985, 19____
BY _____
TITLE ORIGINAL SIGNED BY JERRY SIXTON
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 deviate 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 recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other change of condition.

[illegible]

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