

DISTRIBUTION	
SANTA FE	
FILE	
MAILING	
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-101
Superseding O-101 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: Oil ☐ Dry Gas ☐ Condensate ☐
Recompletion ☐ Change Lease Name and Well Number effective 2-1-85
Change in Ownership ☒ State "I" No. 1

If change of ownership give name and address of previous owner Amoco

DESCRIPTION OF WELL AND LEASE
Well Name Cenice Monument Well No. 436 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No. _____
Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 22 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 Pipeline 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 Gas ☒ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Genbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit: D Sec: 22 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)
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.T.D. _____
Elevations (D.F., R.R.D., R.T., G.R., etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Testing 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 _____ Lbs. Condensate/MCF _____ Gravity of Condensate _____
Testing Method (flow, back prod.) _____ 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.
RDP (Signature)
AREA ENGINEER
1-21-85 (Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19 _____
BY ORIGINAL SIGNED BY JERRY 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 deviation logs taken on the well in accordance with RULE 111.
All portions 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 changes of owner, well name or number, or transporter, or other such change of condition.