

CONTRIBUTION	
SALE PRICE	
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 C-104
Superseding Old C-101 and C-
Effective 1-1-65

Operator Sulf Oil Corporation
Address P.O. Box 1670, Hobbs, NM 88240
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of: ☐
Incompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and State Number effective 2-1-85
State "I" No 2
(Change of ownership give name and address of previous owner Amoco)

DESCRIPTION OF WELL AND LEASE
Well Name Cenice Monument Well No. 435 Pool Name, Include Formation Cenice Monument Kind of Lease State, Federal, or Fee Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 1980 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 ☐ Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Company Box 1910 Midland Tx 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Pinkbrook Odessa Tx 79761
If well produces oil or liquids, give location of tanks. Unit D Sec. 22 Twp. 21-S Range 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 ☐ Sore throat ☐ Patch Reverb
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Measurements (OF, RND, 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)
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

TAG 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. Pate
(Signature)
AREA ENGINEER
(Title)
OIL CONSERVATION COMMISSION
APPROVED MAR 14 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE
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 available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be made and is completed within.

RECEIVED

FEB - 4 1985

POST
OFFICE