

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

Form C-104
Supersedes OIL C-101 and C-
Effective 1-1-65

OPERATOR	
LOCATION OF OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
LOCATION OF OFFICE	

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change In Ownership ☒ Other (Please explain) Change lease name and well number effective 2-1-85
State G No. 3
(Change of ownership give name and address of previous owner) Arco

DESCRIPTION OF WELL AND LEASE

Well Name Ceunice Monument Well No. 255 Pool Name Ceunice Monument Kind of Lease State Lease No.
Location Unit Letter V : 990 Feet From The South Line and 1650 Feet From The West Line of Section 5 Township 21-S Range 36-E NMD, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Arco Pipeline Company Address (Give address to which approved copy of this form is to be sent) Box 1190 Midland TX 79702
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 Oakbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Oil 5 215 36-E 27 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	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DB, RNB, RT, GR, 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 (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.)	Testing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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. Prite
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19

BY ORIGINAL SIGNED BY JERRY BERTON
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 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 re-completed wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, of transporter, or other such change of condition.