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Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**

RECEIVED

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

FEB 22 1993

**REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Strata Production Company		Well API No. 30-015-24868
Address P. O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Doris Federal	Well No. #3	Pool Name, Including Formation Burton Flat Delaware	Kind of Lease <del>State, Federal</del>	Lease No. NM-15873
Location Unit Letter <u>I</u> : <u>1980'</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>20 South</u> Range <u>28 East</u> , <u>NMPM</u> , <u>Eddy</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg., Bartlesville, OK 74004				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 26	Twp. 20S	Rge. 28E	Is gas actually connected? When? Yes 12/10/92

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v <input checked="" type="checkbox"/>	Diff Res'v
Date Spudded 7/11/84	Date Compl. Ready to Prod. 11/23/92	Total Depth 6310'		P.B.T.D. 6276'				
Elevations (DF, RKB, RT, GR, etc.) 3278' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5268'-5318'		Tubing Depth 5460'				
Perforations 5268'-5318' (17) .42 holes			Depth Casing Shoe 6310'					
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
24"	20"		40		3 yds Redi-Mix			
17 1/2"	13 3/8"		428		475 sx Circ.			
11"	8 5/8"		2719		1780 sx Circ.			
7 7/8"	5 1/2"		6308		790 sx Circ.			

**V. 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 Tank 11/25/92	Date of Test 11/29/92	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hours	Tubing Pressure 30#	Casing Pressure 20#	Choke Size -0-	
Actual Prod. During Test 68	Oil - Bbls. 8	Water - Bbls. 60	Gas- MCF 57	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carol J. Garcia  
Signature  
Carol J. Garcia, Production Supervisor  
Printed Name  
2/19/93  
Date  
505-622-1127  
Title  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved FEB 26 1993  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.