

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Strata Production Company	Well API No. 30-025-31525
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Ganso State	Well No. 4	Pool Name, including Formation Hat Mesa Delaware	Kind of Lease State, Federal or Fee	Lease No. V-1618
Location Unit Letter <u>I</u> : <u>1860</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>20 South</u> Range <u>33 East</u> , NMPM, Lea 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356, Dumas, TX 79029			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 1010 Plaza Office Bldg., Bartlesville, OK 74004			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 32	Twp. 20S	Rge. 33E
Is gas actually connected?	When?		5/21/92	

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/26/92	Date Compl. Ready to Prod. 5/21/92	Total Depth 8435'	P.B.T.D. 8395'					
Elevations (DF, RKB, RT, GR, etc.) 3638' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 6602'	Tubing Depth 7235'					
Perforations 8108' - 8133', 6883' - 6917', 6711' - 6723', 6602' - 6672'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" J-55 54#	411'	315sx PP Circ.					
12 1/4"	8 5/8" 32,28,24# J-55	3176'	1380sx HalLite & PP					
7 7/8"	5 1/2" 17#	8435'	1495sx PP H 50/50 Poz					
			DV Tool at 5985'					

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 5/21/92	Date of Test 5/23/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 25#	Choke Size -0-
Actual Prod. During Test 194 BT	Oil - Bbls. 132	Water - Bbls. 62	Gas - MCF 112

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
 6/3/92 Date
 505-622-1127 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

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.