Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico rgy, Minerals and Natural Resources Departs.

OIL CONSERVATION DIVISION

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

Revised 1-1-89 See Instructions TIGHT**HOLE CONFIDENTIAL

Form C-104

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Operator								Well API No.			
Strata Production Company						30-025-20810					
Address P.O. Box 1030, Roswell	, New I	Mexico	8820	2-1030							
Reason(s) for Filing (Check proper box)				_	Othe	s (Please explo	in) CASIN	GHEAD GA	S MUST	NOT BE	
New Well	Change in Transporter of:						FLARED AFTER 12-15-93				
Recompletion X	Oil Upy Gas U					UNJESS AN EXCEPTION TO R-4670					
Change in Operator Casinghead Gas Condensate								AINED.			
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·		15 UB:			 	
II. DESCRIPTION OF WELL A	AND LE		12	·····					 _		
Lease Name Shell State	,	Well No. #1	Pool N	ame, Includi uth Red	ng Formation Tank De	laware		of Lease Rockrycky Roc	V-251	ase No. . 2	
Location			166								
Unit LetterC	: 33)	. Feet Fr	om The No	rth Line	and 1980	Fe	et From The	West	Line	
Section 36 Township	22 So	uth	Range	32 Eas	t ,N	ирм, L	.ea			County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	II. AN	D NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Coader			Address (Giv			copy of this for			
Petro Source Partners.	<u>Ltd.</u>			·	9801 Wes	theimer,	Suite	900, Hous	ston, TX	77042	
Name of Authorized Transporter of Casing	head Gas	\Box	or Dry	Gas	Address (Gin	e address to wh	iich approved	copy of this for	rm is to be se	ni)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually	connected?	When				
give location of tanks.	C	36	122S	32E	No		Nego	tiating (Contract		
If this production is commingled with that f IV. COMPLETION DATA	rom any ou	<u> </u>			•			·			
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 9/10/91	Date Compl. Ready to Prod. 7/21/93				Total Depth			P.B.T.D. 8800' (CIBP)			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
3759 GR	Delaware				7924'			8675 Depth Casing Shoe			
8474'-8482'; 8112'-8118'; 8038'-8043'; 7924'-7											
TUBING, CASING AND						NG RECOR	D	<u>.1,,</u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
22"	16"			561			500 SX (circ)				
15"	10 3/4"			5111'			5200 SX	5200 SX (circ)			
7 7/8"	5 1/2"			9272			2270 50/50 Poz (circ)				
	2 7/8"			8675'							
V. TEST DATA AND REQUES											
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
	- · · · · · · · · · · · · · · ·				-		emp, gas iyi, i	ric.)			
7/22/93	7/23/93				Pumping	<u> </u>		Choke Size			
Length of Test	Tubing Pressure 35#				Casing Pressu 200#	10		None			
24 hours Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
444	210				234			65			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDITICS	A 7777 0-	1001	N T	705	 			<u></u>			
VI. OPERATOR CERTIFIC				ICE	(ISERV	ATION [אואפור	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					`					/IN	
is true and complete to the best of my knowledge and belief.					Date Approved0CT 15 1993						
Carol J. Dar	cia	· · · · · · · · · · · · · · · · · · ·				• •					
Signature Carol J. Garcia, Produ	iction	Record	c Mar	ader	∥ By_			Ozd	g. Signed and Kaut	by	
Carol J. Garcia, Produ	CCIUII	Necora	Title	uyeı	1				Paul Kau t Paologist		
10/12/93		(505)		127	Title						
Date			phone N		11						
					<u> </u>						

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.