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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

MAR -1 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator STRATA PRODUCTION COMPANY		Well API No. <u>28314</u> <u>OFFICE</u>
Address 648 Petroleum Building, Roswell, NM 88201		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER <u>5/6/90</u> If change of operator give name and address of previous operator _____ UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaparral state	Well No. # 1	Pool Name, Including Formation <u>Wichita</u> Bone Spring	Kind of Lease State, Federal or Foreign State	Lease No. VB-0158
Location Unit Letter <u>E</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>19-S</u> Range <u>29-E</u> , NMPM, <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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 3119, Midland, Texas 79702-3119	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent) 820M Plaza Office, Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>32</u>
	Twp. <u>19S</u>	Rge. <u>29E</u>
	Is gas actually connected? <u>no</u>	When? <u>ASAP</u>

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12-19-89	Date Compl. Ready to Prod. 01-21-90		Total Depth 8000'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3280' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 3389' Delaware		Tubing Depth 7595			
Perforations 7718-7728					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	358'	500 SX "C"
12-1/4"	8-5/8"	3053'	2100 SX "LITE" & "C"
7-7/8"	7"	3351'	350 SX "C"
6-1/8"	4-1/2"	8000'	2000 SX POZ & 450 SX

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)		HALIDE	
Date First New Oil Run To Tank 02-21-90	Date of Test 02-21-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 130#	Choke Size 1/2" <u>comp &amp; BK</u>
Actual Prod. During Test 161 BTF	Oil - Bbls. 101	Water - Bbls. 60	Gas - MCF 127

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

James G. McClelland  
Signature  
JAMES G. MCCLELLAND VICE PRESIDENT  
Printed Name  
2/28/90 (505) 622-1127  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1990

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.