abrait \$ Copies ppropriate District Office ppropriate District Office |STRICT| |O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Depa

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION AUG 2 2 1991

P.O. Box 2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZA						O. C. D. ATTION ARTESIA, OFFICE				
•					AND NATURA						
STRATA PRODUCTION COMPANY								Well API No. 3001522028			
Address											
648 Petroleum Buildi	ing, Ro	oswell,	NM	88201	Other (Plea			 			
Reason(s) for Filing (Check proper box) New Well		Change in	Тпаваро	rter of:	C) Onet (1 184	е варши,					
Recompletion	Oil	_ ()	Dry Ga								
Change in Operator	Casingher	id Gas	Conden	sate							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	AND LE	ASE								M-	
Lease Name		Well No. #1	•		ng Formation Bone Sprine	7	Kind of State, F	Lease edoral-er-Fee	VB-0	ame No. 158	
Chaparral State		<u> </u>	1 112								
Unit LetterE	:18	80	. Feet Fi	om The	orth Line and _	660	Fee	From The	West	Line	
Section 32 Township	. 19S		Range	29E	, NMPM,		Eddy			County	
	nonari	en or o	FT A 3.1	D NATE	DAL CAS						
III. DESIGNATION OF TRANS (Name of Authorized Transporter of Oil	Address (Give addre	ddress (Give address to which approved copy of this form is to be sent)									
NAVAJO REFINING CO.					P.O. Box 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Give addre	ss to whic	h approved o	opy of this for	M II 10 DE 16	n/)	
if well produces oil or liquids,	Unit	Sec.	Twp.	•	is gas actually conne	cted?	When ?)			
rive location of tanks.	E	32	199			· · · · · · · · · · · · · · · · · · ·	l		 		
If this production is commingled with that I IV. COMPLETION DATA	rom any ou	ner sease or	poor, gr	ve community	ing older number:						
	~~ <u>`</u>	Oil Well		Gas Well	New Well Worl	cover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		apl. Ready to	Prod	······································	Total Depth	J.		P.B.T.D.		<u>. I</u>	
Jas appe											
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					4			Depth Casing Shoe			
		m innia	CAC	NC AND	CEMENTING P	ECOPE					
HOLE SIZE		ASING & T			CEMENTING R	TH SET	<u></u>	S	ACKS CEM	ENT	
	 	 									
	 	·									
Y. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE	<u> </u>	. h	d e.m. all m	bla fan this	denth on he G	or full 24 hou	are)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of		of 1000	ou and mus	be equal to or excee Producing Method	Flow, pur	np, gas lift, e	ic.)	<i>x</i>		
								Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			CHOKE SIZE				
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
					1			<u>l</u>			
GAS WELL	11 444E	√ Tae			Bbis. Condensate/	MCF	<u></u>	Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test				Dois, Concessed ITEM						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Size			
VI. OPERATOR CERTIFIC	CATE	OF COM	PLIA	NCE	Oll	CON	ISERV	ATION	DIVISI	ON	
hereby certify that the rules and regularized bivision have been complied with and	i that the in	aformation g	iven abo	ove							
is true and complete to the best of my	knowledg	and belief.			Date Ap	prove	d	AUG 2 3	1991	· · · · · · · · · · · · · · · · · ·	
I / / //	100	n	0			•					
Signature Signature	<u> </u>	W-7			Ву			SIGNED B	Y'	•	
James G. McClelland Vice President					MIKE WILLIAMS Title SUPERVISOR, DISTRICT IT						
Printed Name 08/21/91		62	2-11	27	Title			n. 1719 1.41			
Dote		To	elephone	No.		Acres (particular	e agreeded ()	•	1.50000		

- 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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.