

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

JAN 25 '89

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

Operator	Well API No.
STRATA PRODUCTION COMPANY	
Address 648 PETROLEUM BLDG. ROSWELL, NM 88201	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Designate new casinghead gas purchaser
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 Halcon State	Well No. 1	Pool Name, Including Formation Turkey Track Bone Spring	Kind of Lease State, Federal or Fee	Lease No. K-4169
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>19S</u> Range <u>29E</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"/>	Address (Give address to which approved copy of this form is to be sent) PO Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 820M Plaza Office Bldg. Bartelsville OK					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 19	Rge. 29	Is gas actually connected? yes	When? 01/22/1989

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 <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 8/21/88	Date Compl. Ready to Prod. 8/31/88		Total Depth 8412'		P.B.T.D. 8372'			
Elevations (DF, RKB, RT, GR, etc.) GL 3353'	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 8088'		Tubing Depth 8020'			
Perforations 8088 - 8248					Depth Casing Shoe 8400'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-7/8"	5 1/2" casing		8400'		500 sxs premium			
	2-7/8"		8020'		working			

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 Sept 1, 1988	Date of Test Dec. 10, 1988	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size Post IP-3 1-27-89 Add GT: PP
Actual Prod. During Test 199 BTF	Oil - Bbls. 89 BO	Water - Bbls. 110 BW	Gas - MCF 185 MCF

GAS WELL

Actual Prod. Test - MCF/D N/A	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.

Signature

James G. McClelland Vice President

Printed Name

01/23/89
Date

622/1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 24 1989

By Original Signed By
Mike Williams

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.