

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

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

## OIL CONSERVATION DIVISION

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

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

I. Operator <b>STRATA PRODUCTION COMPANY</b>		Well API No. <b>30-015-26112</b>
Address <b>648 PETROLEUM BUILDING, ROSWELL, NEW MEXICO 88201</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" 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 <b>HALSON STATE</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>UNITED PARKWAY DELAWARE</b>	Kind of Lease State, Federal or Fee <b>K-4169</b>
Location Unit Letter <b>O</b> : <b>330</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>26</b> Township <b>19S</b> Range <b>29 E</b> , NMPM, <b>EDDY</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <b>NAVAJO REFINING COMPANY</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 159 ARTESIA, NM 88210</b>	
Name of Authorized Transporter of Casinghead Gas <b>PHILLIPS 66 NATURAL GAS CO.</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>820 M PLAZA OFFICE BLDG. BARTLESVILLE, OK</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>26</b>	Twp. <b>19S</b>
		Rge. <b>29E</b>	Is gas actually connected? <b>YES</b>
			When? <b>8-25-89</b>

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <b>XX</b>	Gas Well	New Well
		Workover	Deepen
		Plug Back	Same Res'v
			Diff Res'v
Date Spudded <b>6-27-89</b>	Date Compl. Ready to Prod. <b>8-15-89</b>	Total Depth <b>4730'</b>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) <b>GL 3326'</b>	Name of Producing Formation <b>DELAWARE</b>	Top Oil/Gas Pay <b>4244'</b>	Tubing Depth <b>4330'</b>
Perforations <b>4244' - 52' &amp; 4257' - 58'</b>			Depth Casing Shoe <b>4731'</b>

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13-3/8"</b>	<b>357'</b>	<b>350 sx Post ID-2</b>
<b>12 1/4"</b>	<b>8-5/8"</b>	<b>3285'</b>	<b>3000 sx 9-1-89</b>
<b>8 1/2"</b>	<b>5-1/2"</b>	<b>4731'</b>	<b>250 sx comp &amp; BK</b>
	<b>2-7/8"</b>	<b>4330</b>	

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 <b>8-16-89</b>	Date of Test <b>8-17-89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>200#</b>	Casing Pressure <b>-----</b>	Choke Size <b>1/4"</b>
Actual Prod. During Test <b>248</b>	Oil - Bbls. <b>88</b>	Water - Bbls. <b>160</b>	Gas - MCF <b>197</b>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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 <b>James G. McClelland</b>	Vice President
Printed Name <b>8/21/89</b>	Title <b>505-622-1127</b>
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	<b>AUG 29 1989</b>
By	ORIGINAL SIGNED BY <b>MIKE WILLIAMS</b>
Title	<b>SUPERVISOR, DISTRICT II</b>

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.