

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

RECEIVED

APR - 2 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company	Well API No. API-30-015-26430
Address 648 Petroleum Bldg., Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input 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	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/21/91
UNLESS AN EXCEPTION FROM

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aguila Federal	Well No. #1	Pool Name, including Formation Winchester-Delaware	Kind of Lease State, Federal or Private	Lease No. NM-83580
Location Unit Letter L : 990' 2030 Feet From The South Line and 2080' 860 Feet From The West Line Section 4 Township 20S Range 28E , NMPM , Eddy 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"/> Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Co.	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 20S	Rge. 28E	Is gas actually connected? No	When ? Negotiating Contract

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1/01/91	Date Compl. Ready to Prod. 2/21/91	Total Depth 6407'	P.B.T.D. 6367'					
Elevations (DF, RKB, RT, GR, etc.) 3298' GR	Name of Producing Formation Bone-Spring	Top Oil/Gas Pay 6100'	Tubing Depth 6257'					
Perforations 6140' - 6249'			Depth Casing Shoes					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48#		300'		Circ.			
12 1/4"	8 5/8" 24#		767'		Circ.			
7 7/8"	5 1/2" 17#		6390'		250sx"C"&650sx"Lite"			
					1/4# Flocele.			

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 3/12/91	Date of Test 3/13/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -0-	Casing Pressure 40#	Choke Size -0-
Actual Prod. During Test 123 TB	Oil - Bbls. 8 BO	Water - Bbls. 115 BW	Gas - MCF 15mcf

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.

Signature
Frank S. Morgan (V.P. Field Ops.)
Printed Name
3/27/91 (505) 622-1127
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 15 1991**

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.

