Submit 5 Cories
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARIES AND ALITHORIZATION

I.	new					TURAL G					
Operator								Well API No.			
STRATA PRODUCTION COMPANY							30-015-24447				
Address POST OFFICE BOX	1030,	ROSWELL	L, N	M 8820	2						
Reason(s) for Filing (Check proper box)					Ot	net (Piease expi	ain) `				
New Well		Change in									
Recompletion U Change in Operator X	Oil	XXI nd Gas 🔲	Dry G								
I change of operator give name											
and address of previous operator	TUMSCO	ENERG)	<u> </u>	OST OFF	ICE BOX	N. ARTES	MA, AL	88210			
I. DESCRIPTION OF WELL	AND LE		· · · · · ·	 		. <u></u>	······································			· .	
Lease Name Walker		Well No. Pool Name, Includi 1 Undesignate							(Lease No. Pederal-or Fee		
Location						ed MOTICSHID				·	
Unit Letter I	_ :19	80	. Feet F	rom The	South Lin	e and990	· R	et From The	Fast	Line	
01		-								_	
Section 21 Towns	nip 22	5	Range	27 E	,N	MPM, F	đ ợy			County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Coades		(X)	Address (Gi	re address to w	••	•••		ent)	
Petro Source Partners, Ital Name of Authorized Transporter of Casinghead Gas or Dry Gas K					PO Box 1356, Dumas, TX 79029 Address (Give address to which approved copy of this form is to be sent)						
Liano, Inc.					PO Box 1320, Hobbs, NM 882					,	
If well produces oil or liquids,	Unit										
rive location of tanks.	I	21	225		Yes	.					
If this production is commingled with the IV. COMPLETION DATA	t from any of	her lease or	pool, g	ive comming	rad crost arm						
Designate Type of Completion	n - (X)	Oil Well		Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
					<u> </u>			Depth Casing Shoe			
Perforations					· · · · · · · · · · · · · · · · · · ·			Depth Cash	ig Shoe		
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			Post ID-3			
								2-	31-92		
								h	she ope		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ARL.	2	1			نن	<u></u>	····	
OIL WELL (Test must be after	recovery of t	otal volume	of load	I oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of To				Producing M	lethod (Flow, p	ump, gas lift,	etc.)		•	
Leagth of Test	Tubing Pr	Tubing Pressure				RLIFE		Choke Size	Choke Size		
					Water - Bbis.			Cos. MCE	Gas- MCF		
Actual Prod. During Test	Oil - Bbis	Oil - Bbis.				Wasi - Both					
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	emte/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
					<u> </u>						
VI. OPERATOR CERTIFI				NCE			VICEDIA	ΑΤΙ <u>ΟΝΙ</u>	טואופוע	ואכ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above						OIL CONSERVATION DIVISION					
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved			JUL 3	JUL 3 0 1992			
						٠.		SIGNED	RY		
Signature 22					By ORIGINAL SIGNED BY						
Printed Name Production Records Title					Title SUPERVISOR, DISTRICT IT						
Regina Finley	·	622-	-112°	7				i javangangangan •	me =		
Date 07/28/92		16	epri006	470.							

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.
- Eill out only Carrions I II III and VI for changes of operator, well name or number, transporter, or other such changes.