

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. 30-015-26991
Address P.O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		AUG - 5 1992 CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/26/92 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nash Draw Unit	Well No. 9	Pool Name, including Formation Nash Draw Delaware	Kind of Lease State, Federal or Fife	Lease No. NM-19246
Location Unit Letter B : 860 Feet From The North Line and 2210 Feet From The East Line Section 13 Township 23 South Range 29 East, 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1356, Dumas, Texas 79029					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 13	Twp. 23S	Rge. 29E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/28/92	Date Compl. Ready to Prod. 6/26/92		Total Depth 6980'		P.B.T.D. 6947'			
Elevations (DF, RKB, RT, GR, etc.) 2994' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6713'		Tubing Depth 6762'			
Perforations 6713'-6749'; 6831'-6880'					Depth Casing Shoe 6980'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		305'		475SX PP			
12 1/4"	8 5/8"		3012'		1150SX HL & 200SX PP			
7 7/8"	5 1/2"		6980'		1050SX 50/50 POZ			
	2 7/8"		6962'					

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 6/26/92	Date of Test 7/20/92	Producing Method (Flow, pump, gas lift, etc.) Pumping		Post TD-2 8-28-92	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 25#	Choke Size comp & B1	-0-	
Actual Prod. During Test 136	Oil - Bbls. 83	Water - Bbls. 147	Gas - MCF 53		

GAS WELL

Actual Prod. Test - MCF/D	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
Carol J. Garcia, Production Supervisor
Printed Name
7/31/92
Date
Title
505-622-1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 25 1992
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.