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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 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

PEOLIEST FOR ALLOWARI F AND ALITHORIZATION

						AUTHURIZ					
•		TO TRA	INSF	PORTO	L AND NA	TURAL GA		DI N.			
Operator							Well A	30-041-	20702		
Strata Production Com	pany							30-041-	-20702		
Address P. O. Box 1030, Roswe	11 No.	y Mavi	co	88202-1	030						
Reason(s) for Filing (Check proper box)	ii, iver	N MEXIC		00202 1	Out	ner (Please expla	in) `				
New Well		Change in	Trans	norter of:		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
	Oil		Dry C		1, 1993	3					
Recompletion	Casinghea	_		ensate			_				
Change in Operator L	Casinghea	10 Cas [Colla	cuazic []							
f change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·										
I. DESCRIPTION OF WELL	AND LE.	ASE.									
Lease Name	Well No. Pool Name, Including				ling Formation	ng Formation Kind of				Lease No.	
Gallina Federal	ļ	#1	To	mahawk	San Andi	res	State(Federal oXXe	K NM	-36486	
Location											
Unit LetterM	. 60	60	Feet	From The	South Lie	e and 62	0Fe	et From The	West	Line	
Omt Detter								٠			
Section 31 Township	, 7 Soi	uth	Rang	e 32 Eá	ast "N	МРМ,	Roos	evelt		County	
III. DESIGNATION OF TRAN	SPORTE			ND NATI	JRAL GAS			6.11			
Name of Authorized Transporter of Oil	\square	or Conde	nsale			ve address to wh					
Petro Source Partners, Itd.						9801 Westheimer, Suite 900, Houston, TX 77 Address (Give address to which approved copy of this form is to be sent)					
ame of Authorized Transporter of Casinghead Gas X or Dry Gas				ry Gas []	10200	we address to wh Grogan's	uch approved Mill Ro	ad, The Woodlands, TX 73			
Trident NGL, Inc.	1164	500	Twp.	. Rge		lly connected?	When				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 31	1 7S			es	1		8/84		
If this production is commingled with that						·					
IV. COMPLETION DATA	noin any ou	HEL ICASE OF	ι μοσι, ,	Bive comming	Rum orger non						
IV. CONFESTION DATA		Oil Wel	<u></u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I	" ¦	010	1		1	, g -	i	i l	
Date Spudded		ipl. Ready t	io Prod		Total Depth			P.B.T.D.			
•								<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormati	on	Top Oil/Gas	s Pay		Tubing De	oth		
Perforations								Depth Casi	ng Shoe		
								1			
		TUBING	, CAS	SING ANI	CEMENT	ING RECOR					
HOLE SIZE	C/	ASING & T	UBING	G SIZE		DEPTH SET		.	SACKS CEM	ENT	
							 	<u> </u>			
	<u> </u>							 			
	ļ										
The state of the s	ET FOR	ALLON	/ A D E	E							
V. TEST DATA AND REQUES OIL WELL (Test must be after t	SI FOR	ALLOW	ABL	elle Selection of mo	ot he equal to	or exceed top all	ountile for th	is denth or he	for full 24 hou	urs.)	
			e oj 100	a ou ana mu	Producing A	Method (Flow, p	ump eas lift.	etc.)	. yo. y=. 2		
Date First New Oil Run To Tank	Date of T	est			1 toutening t	viculos (1 1011, p.	~. 4, 6 13-1	,			
Length of Test	Tubing Pr	79553179			Casing Pres	ssure	<u> </u>	Choke Size	:		
Length of rest	Tuoing Fi	ressure								1	
Actual Prod. During Test	Oil - Bbls				Water - Bb	ls.		Gas- MCF			
Lizeroni i Lore Sarring 1 and	J										
											
GAS WELL	II anadh -	f Tari			Bhis Cond	ensate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	1 1091			Dona. Conto						
	ing Method (nitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing F	icesuic (Sii	iui-m)			,					
VI. OPERATOR CERTIFIC						OIL CO	NSFRV	'ATION	DIVISION	NC	
I hereby certify that the rules and regu	lations of th	ne Oil Cons	ervatio	MD		0.200.		187	7. 1. 2. 10		
Division have been complied with and is true and complete to the best of my	i that the ini Impowledge	ormation g	oven 20	xove				1 12 1	, s + + (3) 14		
					Da	te Approve	ea				
1/2000 ()	211										
	arcia				By	ONGINA	NENSO	BY JERRY	SEXTON		
Signature Carol J. Garcia, Pro	ductio	n Supe	rvi	sor		39 %	STRICT 13	UPBRYISC	W.		
Printed Name			Titl	lc	Titl	e					
_3/10/93		<u>505-62</u>			·						
Date		10	elephor	DC 140.							

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.