

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
STRATA PRODUCTION COMPANY

Address
648 PETROLEUM BLDG. ROSWELL, NM 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name **MOROILCO. INC.** PO DRAWER 1 ARTESIA NM 88210 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallina Federal	Well No. 2	Pool Name, including Formation Tomahawk San Andres	Kind of Lease XXXX Federal XXXX	Lease No. NM-36486
Location Unit Letter N : 660 Feet From The South Line and 1900 Feet From The West Line of Section 31 Township 7S Range 32E , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER **COIL Energy Corp.**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Grude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil & Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit N Sec. 31 Twp. 7S Rge. 32E	Is gas actually connected? Yes When 3-8-84

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

James G. McCallister
(Signature)
VICE PRESIDENT
(Title)
11-30-88
(Date)

OIL CONSERVATION DIVISION

JAN 06 1989

APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

NM OIL CONS. COMMISSION

Drawer ~~FD~~ approved.
Artesia, NM 88210 Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM-36486

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallina Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

11. SEC., T. R., M., OR BLOCK AND SURVEY
OR AREA

31-7S-32E

12. COUNTY OR
PARISH

Roosevelt

13. STATE

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:

OIL

WELL

☒

GAS

WELL

☐

DRY

☐

Other

☐

b. TYPE OF COMPLETION:

NEW

WELL

☒

WORK

OVER

☐

DEEP-

EN

☐

PLUG

BACK

☐

DIFF.

RESVR.

☐

2. NAME OF OPERATOR

MorOilCo., Inc.

3. ADDRESS OF OPERATOR

P.O. Drawer I, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface 660 FSL 1900 FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

2/14/84

16. DATE T.D. REACHED

2/22/84

17. DATE COMPL. (Ready to prod.)

2/25/84

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

4428.1 GL'

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4286'

21. PLUG, BACK T.D., MD & TVD

4271'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

San Andres; 4071' - 4258'

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

CMLD, DLL/MSFL

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	1723'	12-1/4"	375 sx. Pace Setter Lite	
				200 sx. C1 "C" Circulate	
4-1/2"	9.5#	4286'	7-7/8"	250 sx. C1 "C"	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	4256'	

31. PERFORATION RECORD (Interval, size and number)

4071 - 93' (10 holes)

4130 - 69' (16 holes)

4204 - 58' (14 holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4071 - 93'	2000 gal. 20% DS-30
4130 - 69'	3000 gal. 20% DS-30
4204 - 58'	2000 gal. 20% DS-30

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
2/25/84		2" X 1-1/2" X 12' Tri-co Pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2/25/84	24	20/64	→	80	NA	10	NA
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	125	→	80	NA	10	23	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

ACCEPTED FOR RECORD

PETER W. CHESTER

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Deviation Survey

APR 9 1984

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Frank S. Meyer

TITLE

Operator

DATE 3/9/84

(See Instructions and Spaces for Additional Data on Reverse Side)



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BOSTON

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; COBED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	<div>TOP</div> <div>MEAS. DEPTH</div> <div>TRUE VERT. DEPTH</div>
Red Bed	Surf.	1316	No DST's	Salt	1756
Anhydrite	1316	2205		Yates	2172
Dolomite	2205	2873		San Andres	3330
Lime	2873	3660		P1 Marker	3882
Lime	3660	3890		P-1	4034
				P-2	4118
				P-3	4225

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O.C.D.
HOBBS OFFICE



LESLIE K. EVERTSON - ROSWELL
KENNETH D. REYNOLDS - ARTESIA

DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS

P. O. Box 1498 ROSWELL, NEW MEXICO 88201
TELEPHONES: ARTESIA 505/746-6757
ROSWELL 505/623-5070

February 23, 1984



MorOilCo., Inc.
Drawer I
Artesia, NM 88210

Re: Gallina Fed. #2

Gentlemen:

The following is a Deviation Survey on the above well located in Roosevelt County, New Mexico.

486' - 1/2	2703' - 3/4
937' - 1/2	3202' - 3/4
1426' - 1/2	3362' - 3/4
1723' - 1	3854' - 1
2207' - 3/4	4294' - 1/2 T.D.

Yours very truly,

WEK DRILLING CO., INC.
Arnold Newkirk
Arnold Newkirk

STATE OF NEW MEXICO)
COUNTY OF CHAVES)

The foregoing was acknowledged before me this 23RD day of FEBRUARY 1984 by Arnold Newkirk.

MY COMMISSION EXPIRES:

5-4-87

Biaggio Michelle B. Taner
Notary Public

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APR 12 1984
O. C. D.
ARTESIA, OFFICE

APR 17 1984