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

State of New Mexico inergy, Minerals and Natural Resources Depar

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQ	UEST F	OR ALL	OWAE	SLE AND	AUTHORI	ZATION					
I. TO TRANSPORT OIL AND						Well AP! No.						
Strata Production Company						30-025-31153						
648 Petroleum Bui	lding,	Roswe]	ll, NM	8820								
Reason(s) for Filing (Check proper box) New Well		.	_		Out	er (Please expl	ain)					
Recompletion	0.1		Transport	er of:	Sh	ow gas	ر مساند می سا	T				
Change in Operator	Oil Carinaha		,			1		acum	~			
	Caungre	ad Gas 🐰	Condense	ile [_]								
If change of operator give name and address of previous operator		·							**************************************			
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool Nan	ne, Includi	ng Formation		Kind	of Lease				
Paloma State	aloma State 1 Buffalo Ya								Federal or Fee VB-0030			
Location									1 AR-0	0.30		
Unit LetterO	_ :330)	. Feet From	n The _S	outh Lin	e and <u>165</u>	0F	set From The	Fast	Line		
Section 36 Townshi	P 189	<u>. </u>	Range	32E	,N	мрм,	Iea			County		
III DECICNATION OF TO AN								· · · · · · · · · · · · · · · · · · ·		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		CR OF O	IL AND	NATU	RAL GAS	··						
						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas Or Dry Gas Dry Gas Drilling 66 Natural Cas												
Phillips 66 Natural Ga	is	الكل	or Dry G	₩ []	Address (Give address to which approved copy of this form is to be sent) PO Box 5050, Bartlesville, OK 74005							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actuall	5050, B			74005			
rive location of tanks.	ا م	36	100	20m	37-	-	When	•				
f this production is commingled with that	from any of	her lease or	pool, give	comming	ing order num	ber:		3/30/91				
V. COMPLETION DATA							- 1					
Designate Type of Completion		Oil Well	i	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 02/27/91	1	pl. Ready to	Prod.		Total Depth	.	ł	P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.)	03/25/91				_	075 '		4671				
3710' GR					Top Oil/Gas	Pay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth				
7710 GR Yates					3365'			3640'				
3361' - 3526'								Depth Casing Shoe				
302 3020		TIRING	CASING	ANID	CEMENTO	IO DECOS						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENIII		D					
26"		20"			DEPTH SET			SACKS CEMENT				
12 1/4"	8 5/8" - 24#			1497 '			Circ					
7 7/8"	5 1/2" - 15.5#			4671'			Circ					
/ TECT DAME AND DECISION								1000 sx Lite; 500 sx 50/50 Poz, 5# splt				
/. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR A	LLOWA	ABLE	\times						salt		
OIL WELL (Test must be after red Date First New Oil Run To Tank	covery of to	Nai volume	of load oil	and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)		
04/16/91	Date of Test 04/16/91				Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure				Casing Pressu	mping	· · · · · · · · · · · · · · · · · · ·	Chala Sina				
24 hours	30#			Custng 1.1cesti			Choke Size	Choke Size				
Ictual Prod. During Test	Oil Bbls.			Water - Bbls.	25#		Gas- MCF					
	83					23						
GAS WELL							$\overline{}$	4	8 MCF			
Ictual Prod. Test - MCF/D	Length of	losi		т	Bbls. Conden	BIA/MMCE		102				
	-				POLIC COMMUNICATION OF THE PROPERTY OF THE PRO			Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure		saure (Shut-	iv)		Casing Pressure (Shut-in)			Choke Size				
						•						
I. OPERATOR CERTIFICA	ATE OF	COMP	LIANC	E	[$\overline{}$			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					₹ C 2 8 2							
The same configuration to the treat of my knowledge and belief.					Date Approved							
Korina Finla					- Sale Apployed -							
Signature Signature					By ORIGINAL SEGNED BY IERRY CENTER							
Regina Finley Production Analyst					By ORIGINAL SAGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name			Tide		Title	ಾಚಿಕಟ್ }	ener i Siji	"ZKVISOR				
Comt ^	~ ~ ~			1								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.

RECEIVED

SEP 3 0 1991

HOBBE WAGE