

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 ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. #30-025-31153
Address 648 Petroleum Building Roswell, NM 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) CASINGHEAD GAS MUST NOT BE PLACED AFTER 6-14-91 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Paloma State	Well No. #1	Pool Name, including Formation West Tonto-Yates/7-Rvr	Kind of Lease State, Federal, or Foreign State	Lease No. VB-0030
Location Unit Letter 0 : 330' Feet From The South Line and 1650' Feet From The East Line Section 36 Township 18S Range 32E , NMPM, Lea 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"/> Enron Oil Trucking & Transp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum 66 Natl Gas	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 0	Sec. 36
	Twp. 18S	Rge. 32E
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) X	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2/27/91	Date Compl. Ready to Prod. 3/25/91		Total Depth 9075'		P.B.T.D. 4671'			
Elevations (DF, RKB, RT, GR, etc.) 3710' GR	Name of Producing Formation Yates/7-Rivers		Top Oil/Gas Pay 3365'		Tubing Depth 3640'			
Perforations 3361'-3526'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 26"	CASING & TUBING SIZE 20"	DEPTH SET 40'	SACKS CEMENT Circulate
12 1/4"	8 5/8" - 24#	1497'	Circulate
7 7/8"	5 1/2" - 15.5#	4671'	1000 sx Lite; 500 sx 50/50 Poz; 5# salt

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 4/16/91	Date of Test 4/16/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr's	Tubing Pressure 30#	Casing Pressure 25#	Choke Size -0-
Actual Prod. During Test 106	Oil - Bbls. 83	Water - Bbls. 23	Gas - MCF Testing

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
Frank S. Morgan
Printed Name
Frank S. Morgan V.P. Field Op.
Date
April 19, 1991
Telephone No.
622-1127

OIL CONSERVATION DIVISION

Date Approved **MAY 09 1991**

By **Paul Kautz**
Geologist

Title

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.

RECEIVED

APR 22 1991

OCS
HOBBS OFFICE