

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 <b>STRATA PRODUCTION COMPANY</b>	
Address <b>648 PETROLEUM BLDG. ROSWELL, NM 88201</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	
<input type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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 <b>Stivason Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Pearl Queen</b>	Kind of Lease <b>X</b> Federal <b>X</b> State	Lease No. <b>NM-57</b>
Location				
Unit Letter <b>A</b> : <b>330</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b>				
Line of Section <b>33</b> Township <b>19S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

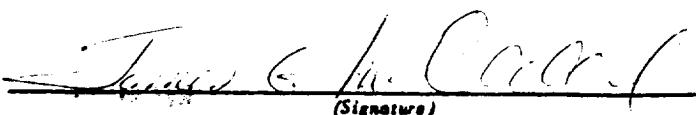
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159 Artesia, NM 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1150 Midland, TX 79702</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>33</b>	Twp. <b>19S</b>	Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b>	When <b>9/24/85</b>

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.

  
(Signature)

VICE PRESIDENT

(Title)

11-30-88

(Date)

OIL CONSERVATION DIVISION

JAN 06 1989

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT 1 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 deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.

1. DATE OF REPORT : 10/10/2019  
 2. REPORT NO. : 10/10/2019

**RECEIVED**

DEC 19 1988

**OCD  
HOBBS OFFICE**