

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. 30-025-29070
Address 648 Petroleum Building Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stivason Federal	Well No. #2	Pool Name, Including Formation Pearl Queen	Kind of Lease State, Federal or Fee	Lease No. NM 57285
Location Unit Letter O ; 330' Feet From The South Line and 1650' Feet From The East Line Section 28 Township 19-S Range 34-E , 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 Trading & Transportation	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"/> Warren Pet	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 A	Sec. 28
	Twp. 19S	Rge. 34E
Is gas actually connected?		When ?

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-20-84	Date Compl. Ready to Prod. 12-31-84		Total Depth 4610'		P.B.T.D. 4609'			
Elevations (DF, RKB, RT, GR, etc.) GR 3689.5'	Name of Producing Formation Queen		Top Oil/Gas Pay 4523'		Tubing Depth 4560'			
Perforations 4523' - 31'					Depth Casing Shoe 4610'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		1560'		400sx HOWCO-Lite;			
7-7/8"	5 1/2"		4610'		150sx C1"C" 2% Ca			
	2-7/8"		4560'		200sx HOWCO-Lite;			
					250 C1 "C"			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

James G. McClelland
Signature
James G. McClelland VP-Administration
Printed Name
October 11, 1990 **505 622-1127**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **10-25-1990**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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

OCT 24 1990

OCD
HOBBS OFFICE