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

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

State of New Mexico ergy, Minerals and Natural Resources Depart it

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRA	NSPC	DRT OIL	AND NA	TURAL GA						
Operator						Weil			API No.			
Strata Production Company								30-025-30629				
Address										,		
648 Petroleum Building Ro Reason(s) for Filing (Check proper bax)					swell, New Mexico 88201 Other (Please explain)							
New Well		Change in	Transma	der of:		et (Please expl	ain)					
Recompletion	Oil		Dry Gar									
Change in Operator Casinghead Gas Condensate												
If change of operator give name and address of previous operator												
and address of previous operator							****					
II. DESCRIPTION OF WELL	AND LEA											
Lease Name Well No. Pool Name, Incl				-	•			of Lease No.				
Stivason Federal #4 Pearl				ırı Qu	ieen		State,	Federal or Fe	NM 5	7285		
Location	. 760' For From The East Lineard 660' For From The South											
Unit Letter P	:	<u>U </u>	Feet Fro	om The	East Lin	and <u>66</u>	0 · Fe	et From The.	South	Line		
Section 28 Township	19-	S	Range	34-	.F an	мрм,	Lea			C =1		
Decide 20 Townsing	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	Manke		Li , Ni	VIFM,	nea			County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil Xx or Condensate Address (Give address to which approved copy of this form is to be sent)												
Enron Oil Trading					P.O. BOx 1188, Houston, TX 77251-1188							
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Warren Fet If well produces oil or liquids, Unit Sec. Twp. Rgs.					Is gas actually connected? When ?							
give location of tanks.	ell produces oil or liquids, Unit Sec. Twp. 1 location of tanks. P 28 195 34				is gas actually	y connected?	When	7				
If this production is commingled with that i					ling order numi	her:	<u></u>					
IV. COMPLETION DATA								····				
		Oil Well		as Well	New Well	Workover	Decpen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u> </u>			<u>i</u>	<u>i</u>	i '-		i			
Date Spudded	Date Compl. Ready to Prod.				Total Depth	_		P.B.T.D.	P.B.T.D.			
6-13-89	7-19-89					5125 Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				· ·				Tubing Depth			
GL 3704.5' Queen					450	18.		4997 Depth Casing Shoe				
								5030'				
	CEMENTI	NG RECOR	D.	1 3030								
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
121"	8-5/8" 23#				1330'				450sx lite; 200sx			
								Premium				
7-7/8"	5½" 15.5#				5125'			550sx "Premium Plus'				
V. TEST DATA AND REQUES	T FOD A	HOWA	DIE		<u> </u>			<u>.l</u>				
OIL WELL (Test must be after re				مرسط المحمد التر	the equal to on	areaed ton all	awakla fan sk	:- ddb b-	C 6-H 24 L	1		
Date First New Oil Rus To Tank	Date of Ter		., ·	d dras mass		sthod (Flow, pi			JOP JULI 24 NO	<i>(11.)</i>		
						, , , , , , , , , , , , , , , , , , , ,						
Length of Test	Tubing Pressure				Casing Press	rue		Choke Size	Choke Size			
					ļ							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
	<u> </u>		,		<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u>.l</u>		· · · · · · · · · · · · · · · · · · ·		
GAS WELL												
Actual Prod. Test - MCF/D Length of Test					Bbis. Conden	sau/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press.	m /Chut-in)	·····	Choke Size				
	,				Casing 1100s.	ne (Stice-IB)		CHOKE SIZE	CARAGE SIZES			
VI. OPERATOR CERTIFICA	ATE OF	COMP	ITANI	CE	<u> </u>			ــــــــــــــــــــــــــــــــــــــ				
I hereby certify that the rules and regula				CE	(DIL CON	ISERV	ATION	DIVISIO	N		
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date Approved 3 1990							
Tan 6 h (12 M 1					Dale	Who are	شــــــ ك	<u>~ 1 (€) (€)</u>	103A			
James G. M. Celland						ORIGINIA	1 Closies	Poly income				
Signature James G. McClelland VP-Administratio					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name Title					Title							
October 11, 1990 505 622-1127												
Date		Telep	phone No	D.	11				•			
					11							

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.