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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL 28 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. 30-025-30629
Address 648 Petroleum Building, Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> XX Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input 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		

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name STIVASON FEDERAL	Well No. 4	Pool Name, Including Formation Pearl Queen	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-57285
Location Unit Letter P 760 Feet From The EAST Line and 660 Feet From The SOUTH Line Section 28 Township 19S Range 34E , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150, Midland, Texas 79702	
If well produces oil or liquids, give location of tanks. Unit P Sec. 28 Twp. 19S Rge. 34E	Is gas actually connected? NO	When? 2 weeks

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v	Date Spudded 6-13-89	Date Compl. Ready to Prod. 7-19-89	Total Depth 5125'	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3704.5' GL	Name of Producing Formation Queen	Top Oil/Gas Pay 4508'	Tubing Depth 4997'	Depth Casing Shoe 5030'
Perforations 4668-4669, 4804-05, 4851-61, 4508-31				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 23#	1330'	450 sx lite & 20 sx "Premium"
7 7/8"	5 1/2" - 15.5#	5125'	550 sx "Premium Plus"

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 7-20-89	Date of Test 7-21-89	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 178 BF	Oil - Bbls. 109 BO	Water - Bbls. 69BW	Gas - MCF 187 MCF

GAS WELL			
Actual Prod. Test - MCF/D --	Length of Test --	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (puol, 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
James G. McClelland
Printed Name
James G. McClelland Title
Vice President Administration 622-1172
Date
7-27-89 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 1 1989**

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.

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JUL 31 1989

CCO
HOBBS OFFICE