

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. 30-025-30725
Address 648 PETROLEUM BUILDING ROSWELL, NEW MEXICO 88201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	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 _____ 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 STIVASON FEDERAL	Well No. 5	Pool Name, Including Formation PEARL QUEEN	Kind of Lease State (Federal or Fee)	Lease No. NM 57285
Location Unit Letter M : 550' Feet From The WEST Line and 660' Feet From The SOUTH Line Section 27 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"/> NAVAJO REFINING CO.	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 CORP.	Address (Give address to which approved copy of this form is to be sent) TULSA, OKLAHOMA 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 28	Twp. 19S	Rge. 34E	Is gas actually connected? YES	When? 12-26-89

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 11-5-89	Date Compl. Ready to Prod. 12-18-89	Total Depth 5115'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) GL 3709.0	Name of Producing Formation Gull	Top Oil/Gas Pay		Tubing Depth 4740 4970				
Perforations 4518-4844			Depth Casing Shoe					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/8"	8 5/8" 24#	1318'	4605K PSL "C"
7 7/8"	5 1/2" 16.5#	5115'	430 SX "LIS", 380 SX "Premium"
2 3/8"	J-55	4970'	

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 12-19-89	Date of Test 12-26-89	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 140 BTF	Oil - Bbls. 90 BBLS OIL	Water - Bbls. 50 BBLS WATER	Gas - MCF 67 MCF GAS

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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 to the best of my knowledge and belief.

Signature
JAMES G. McCLELLAND VICE PRESIDENT
Printed Name
12-27-89 (505) 622-1127
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 18 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.