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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

≯.	Form C-104 Revised 1-1-89
COG	See Instructions Bottom of Page
WE	1 Ha
	OF OLE
	7/1/2.10

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 VTIAL DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-27812 Strata Production Company P.O. Box 1030, Roswell, New Mexico 88202-1030 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of New Well Dry Gas XOil Recompletion Casinghead Gas Condensate THE POOL Change in Operator DESIGNATED BELOW, IF YOU DO NOT CONCUR THIS WELL HAS BEEN If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE ING OFFICE Deuth Saft Lake Delaware K-10342 De levelar Kind of Lease Pool Name, Including Formation Descaped Leasé No. Well No. Lease Name Sam H. Snoddy Federal NM-15906 SMM, Federal MYFXX Location :___660_ __ Feet From The <u>North</u> Line and <u>660</u> Feet From The Fast Unit Letter __A Township 20 South Range 32 East , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil 9801 Westheimer, Suite 900, Houston, TX 77042 Petro Source Partners, Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 1400 Smith, EB 2468, Houston, TX 77002 Enron Corp./Transwestern Pipeline Company Unit When? If well produces oil or liquids, give location of tanks. Sec. Twp. Rge. is gas actually connected? No Α 26 **20S** 32E Negotiating Contract If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Plug Back Same Res'v Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded 8217' 8/17/93 13480' 6/17/82 Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Brushy Canyon Delaware 6236'-6246' 8011 Perforations 7000'-7003' (Squeezed); 6680'-6683'; 6686'-6690'; 7640'-7645' (Squeezed); 7605'-7610'; 7615'-7617'; 7488'-7513' (Squeezed); Depth Casing Shoe 8264' <u>7313'-7322'</u> TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** HOLE SIZE CASING & TUBING SIZE 2210 1206 26 1/2" <u>1/2"</u> 13 3/8" 2825 3043 9 5/8" 1575 12 1/4" 5200 5 1/2" 3/4" 13480' 1550 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Pumping 8/19/93 9/23/93 Choke Size Casing Pressure Length of Test Tubing Pressure -0-24 Hours 35# Gas- MCF Water - Bbls Actual Prod. During Test Oil - Bbls. 45 28 15 60 **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) **VI. OPERATOR CERTIFICATE OF COMPLIANCE** OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above OCT 15 1993 is true and complete to the best of my knowledge and belief. Date Approved Ouls, Signed by Paul Rauts By. Signature Carol J. Garcia Production Records Manager Geologist Printed Name Title (505) 622-1127

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10/13/93 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

3. A Salt Lake Bone

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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.