

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

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

### OIL CONSERVATION DIVISION

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

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. 30-025-31127
Address 648 Petroleum Building, Roswell, NM 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 _____		

**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 7-9-91  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.**

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Ganso State	Well No. 2	Pool Name, including Formation Hat Mesa Delaware	Kind of Lease State, Federal or Foreign	Lease No. V-1618
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>20-S</u> Range <u>33-E</u> , <u>NMPM</u> , 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) PO Box 1188, Houston, TX 77251-1188
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 1625 W. Marland, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>32</u> Twp. <u>20S</u> Rge. <u>33E</u>	Is gas actually connected? <u>No</u> When? <u>Negotiating contract</u>

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 03-29-91	Date Compl. Ready to Prod. 05-01-91	Total Depth 8380'	P.B.T.D. 8339'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Delaware	Top Oil/Gas Pay		Tubing Depth				
Perforations 7151-8121	Depth Casing Shoe							

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8" 54.5#	342'	315 sx "C" & circ
12 1/4"	8 5/8" 32&24#	3130'	1000 sx "Lite", 200"C"
7 7/8"	5 1/2" 17#	8393'	315 sx POZ, 850 sx "Lite"

### 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 5/9/91	Date of Test 5/9/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 35#	Choke Size 0
Actual Prod. During Test 222	Oil - Bbls. 125	Water - Bbls. 97	Gas - MCF Testing

### 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.

Frank S. Morgan  
Signature  
Frank S. Morgan-VP Field Operations  
Printed Name  
5/15/91  
Date  
622-1127  
Telephone No.

OIL CONSERVATION DIVISION  
MAY 17 1991

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
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.