

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 <b>Strata Production Company</b>		Well API No. <b>30-025-31134</b>
Address <b>648 Petroleum Building, Roswell, NM 88201</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <b>Gas hooked up</b>		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ganso State</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Hat Mesa, Delaware</b>	Kind of Lease State, Federal or Free- <b>State</b>	Lease No. <b>VB-1618</b>
Location Unit Letter <b>P</b> : <b>460</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line Section <b>32</b> Township <b>20S</b> Range <b>33E</b> , NMPM, <b>Lea</b> 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"/> <b>Enron Oil Trading &amp; Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1188, Houston, TX 77251-1188</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips 66 Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>1625 W. Marland, Hobbs, NM 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>32</b>	Twp. <b>20S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>YES</b>	When? <b>10/25/91</b>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded <b>08/15/91</b>	Date Compl. Ready to Prod. <b>09/27/91</b>		Total Depth <b>8374'</b>			P.B.T.D. <b>8335'</b>		
Elevations (DF, RKB, RT, GR, etc.) <b>3646' GL</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>8375'</b>			Tubing Depth		
Perforations <b>8182'-8269'; 6890'-6922'; 6708'-6722'</b>			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8" 48#</b>	<b>368'</b>	<b>315 sx Cl "C"</b>
<b>12 1/4"</b>	<b>8 5/8" 32# &amp; 24#</b>	<b>3174'</b>	<b>800 sx Howcolite, 200pp</b>
<b>7 7/8"</b>	<b>5 1/2" 17#</b>	<b>8375'</b>	<b>700 sx 50/50 Poz., 500 pp "H"</b>

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 <b>09/27/91</b>	Date of Test <b>10/07/91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure	Casing Pressure <b>25#</b>	Choke Size
Actual Prod. During Test <b>183</b>	Oil - Bbls. <b>58</b>	Water - Bbls. <b>125</b>	Gas - MCF <b>80</b>

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.

*Regina Finley*  
Signature

**Regina Finley - Production Analyst**  
Printed Name

**12/09/91**  
Date

**622-1127**  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By **Orig. Signed by**  
**Paul Kautz**  
**Geologist**

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.