

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. 30-025-31134
Address 648 Petroleum Building, Roswell, NM 88201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-91 UNLESS AN EXCEPTION TO R-4079 IS OBTAINED.		
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ganso State	Well No. 3	Pool Name, including Formation Hat Mesa, Delaware	Kind of Lease State, Federal or Foreign	Lease No. VB-1618
Location Unit Letter P : 460 Feet From The South Line and 990 Feet From The East Line Section 32 Township 20S Range 33E , 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"/> 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 0	Sec. 32	Twp. 20S	Rge. 33E	Is gas actually connected? No	When? 11/10/91 (approximate)

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 08/15/91	Date Compl. Ready to Prod. 09/27/91		Total Depth 8374'		P.B.T.D. 8335'			
Elevations (DF, RKB, RT, GR, etc.) 3646' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay		Tubing Depth			
Perforations 8182'-8269'; 6890'-6922'; 6708'-6722'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48#		368'		315 sx Cl "C"			
12 1/4"	8 5/8" 32# & 24#		3174'		800 sx Howcolite, 200PP			
7 7/8"	5 1/2" 17#		8375'		700 sx 50/50 Poz, 500 sx PP "H"			

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

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
10/18/91
Date
622-1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **067 2 1 1991**
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.