

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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. 30-025-20810
Address P. O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" 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"/>		
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-93 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. South Cancel Red Tank Delivered		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. #1	Pool Name, Including Formation Wildcat Bone Spring	Kind of Lease State, Federal or Free	Lease No. V-2512
Location Unit Letter C : 330 Feet From The North Line and 1980 Feet From The West Line Section 36 Township 22 South Range 32 East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Petro Source Partners, Ltd.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, TX 77042				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 36	Twp. 22S	Rge. 32E	Is gas actually connected? No	When ?

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 9/10/91	Date Compl. Ready to Prod. 1/29/93	Total Depth 16,300	P.B.T.D. 9110'					
Elevations (DF, RKB, RT, GR, etc.) 3759' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 8828'-8838'	Tubing Depth					
Perforations 9056'-9058' and 8828'-8838'			Depth Casing Shoe 9110'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
22"	16"		561'		500			
15"	10 3/4"		5111'		5200			
7 7/8"	5 1/2"		9272'		2270 50/50 Poz			

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 1/31/93	Date of Test 2/10/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 40#	Casing Pressure -0-	Choke Size 32/64
Actual Prod. During Test 22	Oil - Bbls. 22	Water - Bbls. -0-	Gas- MCF 32

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.

Signature
Carol J. Garcia, Production Supervisor
Printed Name
5/6/93
Date
Title
505-622-1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1993
By ORIGINAL SIGNED BY [Signature]
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.