

Submittal: 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

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 <b>Strata Production Company</b>		Well API No. <b>30-025-27772</b>
Address <b>P. O. Box 1030, Roswell, New Mexico 88202-1030</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 10/1/92
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Mercury Exploration Company, 1619 Pennsylvania Ave., Fort Worth, TX 76104</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Connally Federal</b>	Well No. <b>#1</b>	Pool Name, Including Formation <b>E. Red Tank Cisco Canyon Gas</b>	Kind of Lease <b>State Federal</b>	Lease No. <b>NM-27805</b>
Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>15</b> Township <b>22 South</b> Range <b>32 East</b> , <b>NMPM</b> Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Scurlock Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4648, Houston, TX 77210-4648</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Transwestern Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1188, Houston, TX 77001</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>15</b>
	Twp. <b>22S</b>	Rge. <b>32E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>3/15/91</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

*Carol J. Garcia*  
Signature  
**Carol J. Garcia, Production Supervisor**

Printed Name  
**11/12/92**

Date  
**11/12/92**

Title  
**505-622-1127**

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 03 '92**

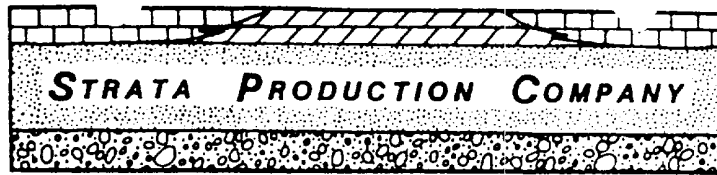
By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

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.

POST OFFICE DRAWER 1030  
ROSWELL, NM 88202-1030



TELEPHONE (505) 622-1127  
FACSIMILE (505) 623-3533

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700  
ROSWELL, NEW MEXICO 88201

June 27, 1996

Oil Conservation Division  
ATTN: Marie  
P. O. Box 1980  
Hobbs, New Mexico 88241-1980

Re: C-104 Change of Operator  
Connally Federal #1  
Section 15-22S-32E  
Lea County, New Mexico

Dear Marie:

Pursuant to our telephone conversation this date, please find enclosed one copy of the approved C-104 Change of Operator from Mercury to Strata dated November 12, 1992 for your file.

Should you have any questions or require additional documentation, please contact this office.

Sincerely,

STRATA PRODUCTION COMPANY

A handwritten signature in cursive script that reads "Carol J. Garcia".

Carol J. Garcia  
Production Records Manager

CJG:ms

Enclosure