

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator STRATA PRODUCTION COMPANY		Well API No. 30 025 31415
Address 700 PETROLEUM BUILDING, ROSWELL, NM 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name CERCION FEDERAL	Well No. 1	Pool Name, Including Formation WILDCAT & Livingston Ridge	Kind of Lease State, Federal or Fee	Lease No. NM-77058
Location Unit Letter H : 660' Feet From The EEL Line and 1980' Feet From The ENL Line Section 21 Township 22S Range 32E , 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 Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 H Sec. 21 Twp. 22S Rge. 32E	Is gas actually connected? No	When? Negotiating contract

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 10/29/91	Date Compl. Ready to Prod. 12/27/91		Total Depth 8700'		P.B.T.D. 8590'			
Elevations (DF, RKB, RT, GR, etc.) 3689' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7077'		Tubing Depth 7515'			
Performances 7077'-82' (12 .42 holes), 7250'-83' (26.42holes), 7455'69' (26.42 holes)					Depth Casing Shoe 8653'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		600'		300 sx Lite, 200 sx C1" C			
11"	8 5/8"		4460'		375 sx PP w/2% CaCl			
7 7/8"	5 1/2"		8693'		750 sx 50/50 Poz; 550 sx "H" 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 01/03/92	Date of Test 01/06/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 25#	Choke Size
Actual Prod. During Test 192	Oil - Bbls. 108	Water - Bbls. 84	Gas - MCF 77

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 Regina Finley
Printed Name **Regina Finley** Title **Production Analyst**
Date **01/16/92** Telephone No. **622-1127**

OIL CONSERVATION DIVISION

Date Approved _____
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.

RECEIVED

JAN 21 1952

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