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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. 30-025-31512
Address P. O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 Paisano Federal	Well No. 1	Pool Name, Including Formation East Livingston Ridge Delaware	Kind of Lease State, Federal XXXX	Lease No. NM-27805
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>22 South</u> Range <u>32 East</u> , <u>NMPM</u> , <u>Lea</u> 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356, Dumas, TX 79029					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 1010 Plaza Office Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>15</u>	Twp. <u>22S</u>	Rge. <u>32E</u>	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 3/3/92	Date Compl. Ready to Prod. 4/22/92		Total Depth 8810'		P.B.T.D. 8592'			
Elevations (DF, RKB, RT, GR, etc.) 3785'	Name of Producing Formation Delaware		Top Oil/Gas Pay 7278'		Tubing Depth 7350'			
Perforations 7278' - 7445' 25 holes Delaware					Depth Casing Shoe 8810'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		600'		500 sx Halite, Circ 100 sx			
11"	8 5/8"		4580'		375 sx PP, 2% CaCl			
7 7/8"	5 1/2"		8810'		800 sx 50/50 Poz; 250 sx			
	2 7/8"		7350'		Poz mix			

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 4/22/92	Date of Test 4/22/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 22 hours	Tubing Pressure 35#	Casing Pressure 55#	Choke Size -0-
Actual Prod. During Test 420	Oil - Bbls. 100	Water - Bbls. 320	Gas- MCF 123

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 Analyst

Printed Name
05/19/92

Date
505-622-1127

Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 21 '92

By DAVID L. SEXTON

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.