Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

I.	10 RE	QUEST TO TE	FOR A	ALLOW PORT (ABLE AN		RIZATIO	N	יאַן		
Operator P	OIL AND NATURAL GAS										
Strata Production Company					30-025-31602						
P.O. Box 1030, Rosw	, 11 N	Des Massel		20000				3100			
Reason(s) for Filing (Check proper box	err, Ne	ew Mexi	CO 8	38202-							
New Well		Change	in Trans	porter of:		Other (Please es	- •		1		
Recompletion	Approval to flare casinghead gas from the										
Change in Operator If change of operator give name	Casing	head Gas	Cond	caste []	: E	UREAU OF	LAND MANAGE	MENT (BLM)	•	
and address of previous operator		THIS WEL	L HAS	BEEN PL	ACED IN TH	IE POOL			·		
II. DESCRIPTION OF WELL					OU DO NO	CONCUR	, ,		···		
Course Listing	Well No. Pool Name, Incl				K-9723 10/1/92						
Cercion Federal		2	Liv	ingsto	n Ridge	East Delaware	Kir. Ste	id of Lease te, Federal or Ree	Lease N		
Location						DCIAWAIE		Et a court of the	NM-7705	8	
Unit Letter D		30'		rom The N		ne and99	00.	Feet From The	est	_Line	
Section 22 Towns	hip 22	South	Range	32 E	ast ,	MPM,			Lea Co	unty	
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL AN	D NAT	URAL GAS					gaity	
Petro Source Partners	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casi	Authorized Transporter of Casinghead Gas Effective Dy - Gas Give address to which approved copy of this form is to be se										
If well produces oil or liquids, give location of tanks.	1'H 21 220 20-				Is gas actual	_	Whe				
If this production is commingled with that IV. COMPLETION DATA	from any of	ther lease or	pool, giv	e comming	ling order num	iber:	Ne	gotiating (Contract		
Designate Type of Completion		Oil Well	i Ì	Gas Well	New Well	Workover	Deepen	Plug Back San	ne Res'v Diff F	Res'v	
Date Spudded 6/10/92	Date Com	pl. Ready to		·····	Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	7/18/92				8716'			8685'			
3694 'GR	Do 1 area are				Top Oil/Gas Pay			Tubing Depth			
6995'-7050':7117'-7120':7160'-72201.7					6995'			8041'			
					70'-7322';8229'-8234'; Depth Casing Shoe 8716'				06		
UO E OUT	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE 17 1/2"	CASING & TUBING SIZE			ZE	DEPTH SET			SACKS CEMENT			
11"	 	13 3/8 8 5/8			611'			300SX HL & 200SX PP			
7 7/8"	 	5 1/2			4470'			1400SX HL	1400SX HL & 200SX CL"C"		
	2 7/011				8716' 8041'			1450SX 50	1450SX 50/50 POZ		
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					<u> </u>]	
IL WELL (Test must be after real First New Oil Run To Tank	covery of to	tal volume o	f load oil	and must	be equal to or	exceed top allo	wable for this	depth or be for ful	l 24 hours)		
7/18/92					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	7/20/92 Tubing Pressure				Pumping						
24 hours	25#				l <u> </u>			Choke Size	Choke Size		
ctual Prod. During Test	Oil - Bbls.				-0- Water - Bbis.				Gas- MCF		
530	130			400				105			
AS WELL								103			
ctual Prod. Test - MCF/D	Length of T	est		I	Bbis. Condens	ILE/MMCF		Gravity of Conden	sale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)										
					•	(·	Choke Size			
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 division have been complied with and that the information division have been complied with and that the information division					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.											
Tana OS:					Date ApprovedAUG 0 7 '92						
Marcia											
Signature Carol J. Garcia. Production Supervisors					By ORIGINAL SIGNED BY JERRY STATOM						
Printed Name					MISTRICT I SUPERVISOR						
7/31/92 505-622-1127					Title						
		Telepho	xee No.				•	··			

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
- 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.
- 1) Separate Form C-104 must be filed for each pool in multiply completed wells.

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> 1965 (1962) 1982 (1982) 1985 (1986)