

## OIL CONSERVATION DIVISION

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

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

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

|  |  |   |  |
|--|--|---|--|
| Operator<br>Strata Production Company                            |  | Well API No.<br>30-025-31603                    |  |
| Address<br>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 type="checkbox"/>                                | Change in Transporter of:                          |   |  |
| Recompletion <input type="checkbox"/>                            | Oil <input checked="" type="checkbox"/>            | Dry Gas <input type="checkbox"/>                |  |
| Change in Operator <input type="checkbox"/>                      | Casinghead Gas <input checked="" 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<br>Lechuza Federal   | Well No.<br>#2 | Pool Name, Including Formation<br>Livingston Ridge Delaware East | Kind of Lease<br>State, Federal or Other<br>XXX Federal or Fed | Lease No.<br>NM-27805 |
| Location  |                |  |  |                       |
| Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line |                |  |  |                       |
| Section <u>15</u> Township <u>22S</u> Range <u>32E</u> NMPM. Lea County   |                |  |  |                       |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |      |      |      |      |  |       |
|--|------|------|------|------|--|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |       |
| EOTT Energy Corporation <b>EOTT Energy Operating LP</b>  |      |      |      |      | P.O. Box 4666, Houston, TX 77210-4666                                    |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |       |
| GPM Gas Corporation  |      |      |      |      | 1040 Plaza Office Bldg., Bartlesville, OK 74004                          |       |
| If well produces oil or liquids,<br>give location of tanks.  | Unit | Sec. | Twp. | Rge. | Is gas actually connected?   | When? |
|  | M    | 15   | 22S  | 32E  | Yes  | 8/92  |

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 |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |  |                             |          |                 |          |        |                   |            |            |
| 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            | Ibbls. 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. Darcin

Signature Carol J. Garcia, Production Records Manager  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
12/8/93 \_\_\_\_\_ (505) 622-1127  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

DEC 20 1993

**Date Approved**

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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 Section 111.111.