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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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. 30-025-31615
Address P. O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 Paisano Federal	Well No. 2	Pool Name, Including Formation Livingston Ridge Delaware	Kind of Lease State, Federal or Free	Lease No. NM-27805
Location Unit Letter F : 2310 Feet From The North Line and 1650 Feet From The West Line Section 15 Township 22 South Range 32 East, NMPM, Lea County				

III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Petro Source Partners, Ltd	or Condensate Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, TX 77042
Name of Authorized Transporter of Casinghead Gas GPM Gas Corporation	or Dry Gas Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg., Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit E	Is gas actually connected? Yes
		When? 10/16/92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7/15/92	Date Compl. Ready to Prod. 10/16/92	Total Depth 8765'	P.B.T.D. 8730'					
Elevations (DF, RKB, RT, GR, etc.) 3758' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7130'-7134'	Tubing Depth 8250'					
Performances 7268'-7334'; 7130'-7134'; 8667'-8695'; 8551'-8554'; 8178'-8180'; 7972'-7911'; 7588'-7589';			Depth Casing Shoe 8730'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	600'	300sx HaLLite, 200sx PP					
11"	8 5/8"	4500'	1500sx HaLLite, 200sx CI					
7 7/8"	5 1/2"	8765'	1465sx 50/50 Poz Mix					
	2 7/8"	8250'						

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 10/16/92	Date of Test 10/19/92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 35#	Casing Pressure 35#	Choke Size -0-
Actual Prod. During Test 558	Oil - Bbls. 215	Water - Bbls. 343	Gas - MCF 154

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, 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  
11/2/92  
Date  
622-1127  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 09 '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.