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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

I. 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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 <b>Paisano Federal</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Livingston Ridge Delaware</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. <b>NM-27805</b>
Location Unit Letter <b>F</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>West</b> Line Section <b>15</b> Township <b>22 South</b> Range <b>32 East</b> , <b>NMPM</b> , 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"/> <b>Petro Source Partners, Ltd</b>	Address (Give address to which approved copy of this form is to be sent) <b>9801 Westheimer, Suite 900, Houston, TX 77042</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>1040 Plaza Office Bldg., Bartlesville, OK 74004</b>
If well produces oil or liquids, give location of tanks.	Unit <b>E</b> Sec. <b>15</b> Twp. <b>22S</b> Rge. <b>32E</b>
Is gas actually connected?	When? <b>10/16/92</b>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>7/15/92</b>	Date Compl. Ready to Prod. <b>10/16/92</b>	Total Depth <b>8765'</b>	P.B.T.D. <b>8730'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3758' GR</b>	Name of Producing Formation <b>Delaware</b>	Top Oil/Gas Pay <b>7130'-7134'</b>	Tubing Depth <b>8250'</b>					
Perforations <b>7268'-7334'; 7130'-7134'</b>	Name of Producing Formation <b>Delaware</b>		Depth Casing Shoe <b>8730'</b>					
<b>8667'-8695'; 8551'-8554'; 8178'-8180'; 7972'-7911'; 7588'-7589';</b>								

TUBING, CASING AND CEMENTING RECORD			SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>600'</b>	<b>300sx Hallite, 200sx PP</b>	
<b>11'</b>	<b>8 5/8"</b>	<b>4500'</b>	<b>1500sx Hallite, 200sx C</b>	
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>8765'</b>	<b>1465sx 50/50 Poz Mix</b>	
	<b>2 7/8"</b>	<b>8250'</b>		

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

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

RECEIVED

NOV 06 1992

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