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Appropriate District Office  
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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

I.

Operator Strata Production Company	Well API No. 30-025-31665 ✓
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 Cercion Federal	Well No. #3	Pool Name, Including Formation Livingston Ridge Delaware East	Kind of Lease <del>State</del> <del>Federal</del> <del>Other</del>	Lease No. NM-77058
Location Unit Letter <u>B</u> : <u>420'</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>22 South</u> Range <u>32 East</u> , NMPM, 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"/> Petro Source Partners, Ltd.	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 <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) 1040 Plaza Office Bldg., Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 21	Twp. 22S	Rge. 32E	Is gas actually connected? Yes	When? 9/17/92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/11/92	Date Compl. Ready to Prod. 9/17/92		Total Depth 8803'		P.B.T.D. 8775'			
Elevations (DF, RKB, RT, GR, etc.) 3694' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7148'-7150'		Tubing Depth 8715'			
Perforations 8570'-8621'; 8478'-8494'; 7244'-7304'; 7148'-7150'					Depth Casing Shoe 8775'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		916'		600 Hallite; 200 PP			
7 7/8"	5 1/2"		8803'		935 50/50 Poz Mix;			
					233 Hallite; 100 Class			
					"C"			

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 9/17/92	Date of Test 10/25/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 30#	Choke Size -0-
Actual Prod. During Test 308	Oil - Bbls. 69	Water - Bbls. 239	Gas- MCF 40

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  
2/17/93  
Date  
505-622-1127  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 19 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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.