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

## 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	<u>T</u>	O TRAN	SPORT OIL	AND NA	TURAL GA					
Operator Strata Production Company						I	PI No. 0+025-31665			
Address P. O. Box 1030, Rosw		Mexico	88202-1	030		····		<del></del>		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Change in Tr		X Out	er (Please explo quest Tes om perfs rmation 1	at 8570	-8621	in the		
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name Cercion Federal	Re Name Cercion Federal  Well No. Pool Name, Include Livingstor							of Lease No. Federal & Federal & Federal & NM-77058		
Location Unit LetterB	. <u>420'</u>	Fe	et From The	lorth Lin	e and1650	) Fe	et From The _	East	Line	
Section 21 Townsh	ip 22 SOL	ith R	ange 32 Eas	t , N	МРМ,	Lea			County	
III. DESIGNATION OF TRAI								<del></del>		
Name of Authorized Transporter of Oil X or Condensate Petro Source Partners, Ltd.					Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, TX 7704					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas OPM Gas Corporation				Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg., Bartlesville, OK 740						
If well produces oil or liquids, give location of tanks.	Unit :		wp.   Rge. 22S   32E	is gas actual	iy connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	ol, give commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		e 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				1	······································		Depth Casing	Shoe		
	T	JBING, C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE OIL WELL (Test must be after				be equal to o	r exceed top alle	owable for thi	s depth or be fo	or full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test			<del></del>	lethod (Flow, pu					
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC					OIL CON	ISERV	I NOITA	DIVISIO	 )N	
I hereby certify that the rules and regularity Division have been complied with an is true and complete to the best of my	i that the inform	nation given			e Approve			C 0 4 '92		
Carol a. S.	arva	,						·	<u> </u>	
Signature Carol J. Garcia, Production Supervisor					By ORIGINAL SIGNED BY JERRY SEXTON  PISTRICT I SUPERVISOR					
Printed Name 12/2/92	5	05-622-		Title	)					
Date		Teleph	one No.	11		,	:			

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.