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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

TIGHT HOLE
CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company	Well API No. 30-025-31726
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 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 Cercion Federal	Well No. #4	Pool Name, including Formation Livingston Ridge Delaware	Kind of Lease State, Federal or Free	Lease No. NM-77058
Location Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West Line Section 22 Township 22 South Range 32 East , 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? 3/12/93

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 1/17/93	Date Compl. Ready to Prod. 3/4/93		Total Depth 8750'		P.B.T.D. 8710'			
Elevations (DF, RKB, RT, GR, etc.) 3695' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 7131'-7146'		Tubing Depth 8400'			
Perforations 8489'-8541'; 7174'-7176'; 7131'-7146'; 6836'-6842.5'					Depth Casing Shoe 8710'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		604'		300 Lite; 200 Class "C"			
12 1/4"	8 5/8"		4473'		1500 Lite; 200 Class "C"			
7 7/8"	5 1/2"		8750'		600 50/50 Poz; 100 Class "C"			
	2 7/8"		8400'		8 300 Lite			

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 3/12/93	Date of Test 3/14/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 35#	Choke Size -0-
Actual Prod. During Test 222	Oil - Bbls. 91	Water - Bbls. 131	Gas- MCF 45

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
4/7/93 Title
505-622-1127

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 09 1993

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.

10-10-83

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