

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. 30-025-31753

Address P.O. Box 1030, Roswell, New Mexico 88202-1030

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Oil ☒ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Operator ☐

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lechuza Federal	Well No. #3	Pool Name, Including Formation Livingston Ridge Delaware East	Kind of Lease State, Federal or Private	Lease No. NM-27805
Location Unit Letter 0 : 660 Feet From The South Line and 2310 Feet From The East Line Section 15 Township 22S Range 32E , 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"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 M Sec. 15 Twp. 22S Rge. 32E	Is gas actually connected? Yes When? 11/9/92

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date 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						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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 Records Manager
Printed Name
12/8/93 (505) 622-1127
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 20 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.