

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain)		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name and address of previous operator \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. *R 9937*

Lease Name Lechuza Federal		Well No. #3	Pool Name, Including Formation Livingston Ridge, Delaware, East	Kind of Lease State, Federal, <del>XXX</del>	Lease No. NM-27805
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>22 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> County					

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 M	Sec. 15	Twp. 22S	Rge. 32E	Is gas actually connected? When? Yes 11/9/92

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/7/92	Date Compl. Ready to Prod. 11/9/92	Total Depth 8950'		P.B.T.D. 8910'					
Elevations (DF, RKB, RT, GR, etc.) 3704' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 7244'-7251'		Tubing Depth 8875'					
Perforations 7381'-7386'; 7244'-7251' 8505'-8518'; 8459'-8461'		Depth Casing Shoe 8910'							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 17 1/2 11"	CASING & TUBING SIZE 13 3/8" 8 5/8"	DEPTH SET 620' 4492'		SACKS CEMENT 300 Hal Lite 1300 Hal Lite; 200 Class "C"; Sqz 725 Hal Lite; 100 Class "C"					
7 7/8"		5 1/2"		8950'		1425 50/50 Poz			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 7/8" 8875'			
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 11/9/92	Date of Test 12/25/92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 35#	Choke Size -0-
Actual Prod. During Test 261	Oil - Bbls. 41	Water - Bbls. 220	Gas- MCF 34

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.	
Signature <i>Carol J. Garcia</i>	
Printed Name Carol J. Garcia, Production Supervisor	Title 505-622-1127
Date 2/12/93	Telephone No.

OIL CONSERVATION DIVISION FEB 18 1993	
Date Approved _____	
By <u>ORIGINAL SIGNED BY JERRY SEXTON</u> <u>DISTRICT I SUPERVISOR</u>	
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.