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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

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

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. 30-025-31800 ✓
Address P. O. Box 1030, Roswell, New Mexico 88202-1030	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input checked="" 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 _____	

Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lechuza Federal	Well No. #4	Pool Name, including Formation Livingston Ridge Delaware	East Kind of Lease XXX Federal <input checked="" type="checkbox"/> XXX	Lease No. NM-27805
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>22 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> 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 10607, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	Twp. 22S	Rge. 32E	Is gas actually connected? No	When ? ASAP

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 12/29/92	Date Compl. Ready to Prod. 3/11/93		Total Depth 8830'		P.B.T.D. 8790' CIBP 8490'			
Elevations (DF, RKB, RT, GR, etc.) 3703' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 6944'-6948'		Tubing Depth 8450'			
Perforations 8519.5'-8520.5'; 8512'-8521'; 7352'-7355'; 7237'-7282'; 7199'-7202'; 7128'-7132'; 7061'-7072'; 7006'-7018'; 6944'-6948'					Depth Casing Shoe 8790'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		610'		500 Class "C"			
12 1/4"	8 5/8"		4481'		175 Class "C"; 725 Class "C"			
7 7/8"	5 1/2"		8830'		550 50/50 Poz; 375 Class "C"			
	2 7/8"		8450'					

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 3/15/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25#	Casing Pressure 25#	Choke Size -0-
Actual Prod. During Test 70	Oil - Bbls. 17	Water - Bbls. 53	Gas- MCF 20

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 Carol J. Garcia
Printed Name Carol J. Garcia, Production Supervisor
Date 4/16/93 Title 505-622-1127
Telephone No.

OIL CONSERVATION DIVISION

APR 19 1993

Date Approved

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.
Separate Form C-104 must be filed for each pool in multiply completed wells.

WELL NAME & NUMBER

L. uza Fed. #4

30-025-31800

LOCATION

Sec. 15, T22S, R32E

1660' S & 1650' W

(Give Unit, Section, Township and Range)

OPERATOR

Strata Production P.O. Box 1030 Roswell, N.M. 88202

DRILLING CONTRACTOR

Grace Drilling Company P.O. Box 13480 Odessa, Tx. 79768

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

DEGREES @ DEPTH

200 1.00

610 0.75

1084 1.25

1585 1.00

2085 1.00

2308 1.50

2600 1.75

2900 2.25

3120 2.25

3310 1.00

3500 1.25

3685 1.75

3884 2.00

4065 1.50

4280 2.25

DEGREES @ DEPTH

4967 1.75

5467 1.00

6095 1.00

6580 1.00

7069 0.75

7572 1.75

7634 1.75

8132 1.75

8750 2.25

DEGREES @ DEPTH

DEGREES @ DEPTH

Drilling Contractor

GRACE DRILLING COMPANY

By



L. V. Bohannon, Drlg. Supt.

Subscribed and sworn to before me this 1 day of February, 19 93

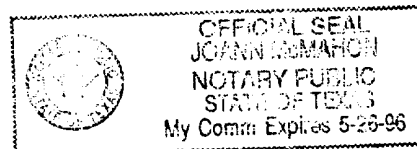
Notary Public

Joann McMahon

My Commission Expires

Ector

County TX



FEB - 2 1993