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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANS	PORT	OIL	AND NA	FURAL GA					
Operator							Well API No.					
Strata Production Company							30-025-31849 🗸					
Address P. O. Box 1030, R	oswell	, New	Mex	ico	882	02-1030		1				
Reason(s) for Filing (Check proper box)						Othe	r (Please expl	zin) `				
New Well		Change in		-	f:							
Recompletion	Oil		Dry									
Change in Operator	Casinghea	ad Gas X	Conc	densate	<u>. L.</u>					<del></del>		
If change of operator give name and address of previous operator							· · · · · · · · · · · · · · · · · · ·					
•	NDIE	ACT							•		•	
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including							ng Formation EdSt Kind o			Lease No.		
Cercion Federal	#5 Livingston					Ridge Delaware XXX.			Federal of Fi	rederal of XFXeX NM-77058		
Location			-									
Unit LetterA	:	330	_ Fea	From T	he	North Line	and 330	Fe	et From The	East	Line	
	00.6			20	r			1.00			_	
Section 21 Township	_22_Sc	outh	Ran	ge 32	Eas	t , N	ирм,	Lea			County	
III. DESIGNATION OF TRANS	PODTE	r OF O	II. A	ND N	ATTI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde				Address (Giv	e address to w	hich approved	copy of this f	form is to be se	nt)	
							9801 Westheimer, Suite 900, Houston, TX 77042					
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporati						1040 Plaza Office Bldg., Bartlesville, OK 7400						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		Rge. 32E	is gas actuali; Yes	connected?	When	<b>3</b> /20/9	93		
<u></u>	H	21	1 22						3/20/2			
If this production is commingled with that for IV. COMPLETION DATA	rom any ou	ner lease or	pool,	gave cor	ınınığı	ng order num	жг.					
IV. COMEDITOR DATA		Oil Wel	1	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)	X	i			Х		İ	İ	i	i	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	07051			
2/2/93	3/11/93				8770'			<u> </u>	8735'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth 7650'				
3695' GR Delaware						7140'-7152'			Depth Casing Shoe			
7446'-7374'; 7264'-7272'; 7140'-7152'						. !			J	8735'		
TUBING, CASING AND C							EMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
17 1/2"	13 3/8"				605'			350 HL; 200 Class "C"				
12 1/4"		8 5/8"				4465'			900 HL; 800 Class "C"			
7 7/8"	5 1/2"				8770'			660 50/50 Poz; 475 Clas				
7 7/8" 7650' "C" Neat V. TEST DATA AND REQUEST FOR ALLOWABLE											" Neat	
OIL WELL (Test must be after re	I FUK	ALLUW	ADL	sEs ad oil as	d muet	he equal to or	exceed top all	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T		2 0) 100	ua ou un	12 //1451	Producing M	ethod (Flow, p	ump, gas lift,	eic.)	<del>,,</del>		
3/20/93	3/20/93				Pum	ping	• •					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
24 hours	-0-				25#			-0- Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			29				
180	<u> </u>	44				136			<u> </u>			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pitot, back pr.)	Luoing Pressure (Snut-m)				Carrie (and ta)							
L. CARRA LEGA CERTIFICA	ATT O	E COM	TOT T	ANICI		┧┌───						
VI. OPERATOR CERTIFICATE OF COMPLIANCE							OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above										4003		
is true and complete to the best of my knowledge and belief.						Date Approved APR 13 1993						
a. a. b.												
_ Carol J. Sarcia						By ORIGINAL SHENDED BY JERRY SEXTON						
Signature Carol J. Garcia, Production Supervisor						-, -	PACTREOT L SUPPLYISOP					
Printed Name Title						Title	)					
<u>4/8/93</u> 505-622-1127											·	
Date		1+	eiepno	діє IVO.								

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.