Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 38210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	TO TRA	ANSPORT OIL	L AND NATURAL	GAS				
Operator					API No.			
Strata Producti		30-	025-25751					
Address								
P. O. Box 1030	, Roswell,	New Mexic	<u>o 88202-103</u>	30				
Reason(s) for Filing (Check proper box)			Other (Please	explain) .				
New Well		Transporter of:	01 66			_		
Recompletion		Dry Gas	Change effe	ective Apr	ril I, 1993	2		
Change in Operator	Casinghead Gas X	Condensate		· · · · · · · · · · · · · · · · · · ·				
and address of previous operator								
•	AND I BLOD							
II. DESCRIPTION OF WELL Lease Name	· · · · · · · · · · · · · · · · · · ·	[D 131 1 1 1			· · · · · · · · · · · · · · · · · · ·			
, , , , , , , , , , , , , , , , , , , ,			T		of Lease Federal on Fact	Lease No.		
Location	derai 2	nat nesa	Delaware	3500	TOCKINI OUT DEA	NM-14791		
Unit LetterG_	:1980	Feet From The N	orth Line and 1	980 F	et From The E	astLine		
Section 4 Township	p 21 South	Range 32 Ea	ast , NMPM,	Lea	l	County		
III. DESIGNATION OF TRAN	SPODTED OF O	II ANIIN NIAMMI	DAT CAC					
Name of Authorized Transporter of Oil	or Conden		RAL GAS Address (Give address to	which an-	Loams of this f	in the land of		
Petro Source Pa	1 X 1	1 1	l .					
Name of Authorized Transporter of Casing	Address (Give address)	1356, D	umas, TX	as. TX 79029				
GPM Gas Corpora		or Dry Gas	1010 P102	r misein approve d i Offico	R14~	copy of this form is to be sent)		
If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected	7 When	Bldg., Bartlesville OK 74004				
give location of tanks.	[G] 4	[21S] 32E	Yes	"""	O I)/25/91		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing order number:					
•	- (X) Oil Well	Gas Well	New Well Workove	n Deepen	Plug Back San	ne Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	- k	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas Pay		Tubing Depth			
Perforations		-	l		Depth Casing Sh	100		
	TURING	CASING AND	CEMENTING DEC	ממכ	1			
		DEPTH S		SACKS CEMENT				
			DEF TH DET		SACKS CEMENT			
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U TECT DATA AND DISCHED	10000							
-								
1		of load oil and must				il 24 hows.)		
Date First New Oil Run 10 Tank	Date of Test		Producing Method (Flow	, pump, gas lift, e	rtc.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
CAS WELL	1		1					
	Length of Test		Bbls. Condensate/MMCF		16			
			2018. CONGERBAIC/WHYICE		Gravity of Cond	cusate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE			<u> </u>			
			OIL CC	NSERV	ATION DI	VISION		
Division have been complied with and t	that the information give							
is true and complete to the best of my k	nowledge and belief.		Date Appro	ved	APR 24	'92		
(1) A	7			માં ક ંકો⊾મ€લ	î.,			
Signature Signature	raccia	·····	Ву	Paul Kaut	Z			
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Perforations TUBING, CASING A HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and Date First New Oil Run To Tank Date of Test Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Length of Test Length of Test		n Analyst		Geologian				
Printed Name		Title	Title					
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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.

Submat 5 Copies
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PISTRICE 1
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87561-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

All Petroleum Building Roswell, New Mexico 88201	•	TO TRA	NSPORT OIL	AND NATURAL G	AS					
Additional Add	Operator					IPI No.				
Additional Principle				30-025-25751						
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School of Township of Peet From The North Line and 1980 Feet From The Nort	·	, ,								
DESCRIPTION OF WELL AND LEASE AMENIA Total Name, inchasing Formation State, Faderal or Fee NM 14791	change of operator give name									
March Moxico A Federal #2 Hat Ness Delaware Sust, Federal or Fee New 14791	and andress of previous operator							·		
Designate Type of Completion - (X) Designate	I. DESCRIPTION OF WELL	AND LEASE								
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Section 4 Township 21-S Reage 32-E NAIPM Lea Consequence										
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Unit LetterG	_ : <u>1980 '</u>	Feet From The N	orth Line and 19	80 Fe	ct From The	East			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Authorized Transporter of Oil Trad long Stransport at 10 Part	Section 4 Townshi	<u>p 21-5</u>	Range 3	Z-E NMPM,	Lea			County		
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Entend 011 Trading & Fransport at 101 PO Box 1188, Houston, TX 77251-1188 Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to or liquids.) Po Box 1188, Houston, TX 77251-1188 Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to which approved copy of tout form is to be sent) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair other) Address (Give auth sair to which approved copy of tout form sair to be sair to which approved copy of tout form sair to be sair of tout cours and sair to which approved copy of tout form sair to sair tout confidence of the out cours and sair to which approved copy of tout form sair to sair to sair to sair to sair to be sair of tout cours and sair to which approved condensus and sair to which approved conde	THINK OF AMBORIZED TRANSPORTER OF OIL		L AND NATU		eki. k anorme.i	Leave of this for-	ie to be se			
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Tubing Production is commingled with that from any other lease or pool, give comminging order number. ComPLETION DATA	if well produces oil or liquids,	Unit Sec.	I'wp. Rga.	. Is gas actually connected? When ?						
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1-21-90 Number of Producing Formation Top Olif Cast Pay Tobing Depth			Prod.	Total Depth	_l	- ∮,	 -	J		
Tubing Depth G890		Į								
GR 3673, KB 3710 Delaware 6843' G890' **Control of the control of				Top Oil/Gas Pay						
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Date Telephone No.	Date	Tel	ephone No.				•			

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

RECEIVED

OCT 2 4 1990

OCD HOBBS OFFICE