Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico iergy, Minerals and Natural Resources Depar

Form C-104 Revised 1.1.89 See Instruction at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT I! P.O. Drawer DD, Antesia, NM 88210

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 Well API No. Strata Production Company API-30-025-31146 648 Petroleum Bldg., Roswell, New Mexico Reason(s) for Filing (Check proper box) Other (Please explain) XNew Well Change in Transporter of: Recompletion well must be obtained from the Oil Dry Gas Change in Operator MEAN OF LAND MANAGEMENT (BLM) Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fole New Mexico Federal #5 Hat Mesa Delaware NM-14791 330**'** Unit Letter __D_ Feet From The North Line and 860' Feet From The West Township 21-S Range 32-E , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Transportion Enron Oil Trading & P.O. Box 1188, Houston TX 77251-1188 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? give location of tanks. D 1 4 121S|32E Negotiating Contract No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) I XX XXDate Spudded Date Compl. Ready to Prod. Total Depth PRTD 2/09/91 3/01/91 8370**'** 8334' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** 3646' GR Delaware 6885' 8145' Depth Casing Shoe 6885'-8077' TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT <u>′2"</u> <u> 3/8"</u> 48# 362' Circ. 1/4" <u>5/7"</u> 12 31<u>64</u> 24# Circ. 250sx"H"&510sx"Lite 5 1/2" 7/8" 17# 8370' 7/8" 8145 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) 3/28/91 <u>3/22/91</u> Pumping Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test <u>hrs</u> 35# - 0 -Gas- MCF Water - Bhis Oil - Bhls 272 TF 153 BO 119 BW 80mcf **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 is true and complete to the best of my knowledge and belief Date Approved _ tA α By_ Signature Frank Morgan (V.P. Field Ops.) Printed Name Tide Title. 3/28/91 <u>(505)622-112</u>7

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.