

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Strata Production Company</b>	Well API No. <b>API-30-025-27655</b>
Address <b>648 Petroleum Building, Roswell, New Mexico 88201</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/> <b>Reentry</b>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
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	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Urraca Federal</b>	Well No. <b>1</b>	Pool Name including Formation <b>R-9544 7/1/91 Diamond Tail Wildcat Delaware</b>	Kind of Lease <b>State, Federal, and Foreign</b>	Lease No. <b>NM 85940</b>
Location Unit Letter <b>N</b> : <b>660'</b> Feet From The <b>S</b> Line and <b>1980'</b> Feet From The <b>W</b> Line Section <b>11</b> Township <b>23-S</b> Range <b>32-E</b> , <b>NMPM</b> , Lea 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"/> <b>Enron Oil Trading &amp; Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 1188, Houston, TX 77251-1188</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum 66 Natl Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>1625 W. Marland, Hobbs, NM 88240</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>11</b>	Twp. <b>23S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>no</b>	When? <b>ASAP</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<b>X</b>					<b>X</b>		<b>X</b>
Date Spudded <b>12-27-90</b>	Date Compl. Ready to Prod. <b>3-7-91</b>		Total Depth		P.B.T.D. <b>9004'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3728' GR</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>6615'</b>		Tubing Depth <b>8655'</b>			
Perforations <b>6619-8595 OK PK</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>16"</b>		<b>600'</b>		<b>circ.</b>			
<b>12-1/4"</b>	<b>10-3/4"</b>		<b>4855'</b>		<b>circ.</b>			
<b>9-7/8"</b>	<b>7-5/8"</b>		<b>2650'</b>		<b>1150 sx "C"</b>			
<b>Tubing</b>	<b>2-7/8"</b>		<b>6855'</b>					

### V. TEST DATA AND REQUEST FOR ALLOWABLE

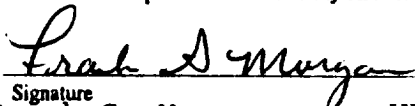
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank <b>3-18-91</b>	Date of Test <b>3-20-91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>-0-</b>	Casing Pressure <b>35#</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>260 BF</b>	Oil - Bbls. <b>45</b>	Water - Bbls. <b>215</b>	Gas- MCF <b>Testing</b>

### 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  
**Frank S. Morgan** VP Field Operations  
Printed Name  
**April 9, 1991** **505 622-1127**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **APR 12 1991**

By **ORLANDO L. GARCIA DEERY SEXTON**  
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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.