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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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQUEST	FOR AL	LOWA	BLE AND AUTHOR IL AND NATURAL (	RIZATION			
Operator Strata Production C	Well API No.				7			
Strata Production C	30-025-31625			5				
P. O. Box 1030, Ros	well, New Mex	cico 8	38202-	1030				
Reason(s) for Filing (Check proper box New Well	)			Other (Please ex	plain) \			
Recompletion		in Transpo Dry Ga		Ap, this	proval to	lare casingle t be obtaine	hear	
Change in Operator	Casinghead Gas			BÜF	EAU OF LAI	t be obtaine	d from	s trom
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·	lare casingle it be obtaine ND MANAGEM	NT (BL)	J.,,c
	LANDIEACE					<del></del>		<del></del>
Lease Name	DESCRIPTION OF WELL AND LEASE S Name Well No.   Pool Name, Include				Vind	of Lease	<del></del>	
Urraca Federal	2			ail Delaware		Federal & Pek	NM-85	940
Location	5601				······································		.1	
Unit LetterM	: <u>560'</u>	Feet Fro	om The 🚅	South Line and 660	F	et From TheW	est	Line
Section 11 Towns	hip 23 South	Range	32 Ea	ist , nmpm,	Lea	<u> </u>		County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF	OIL ANI	NATU	RAL GAS	-			
Petro Source Partners, Ltd.				Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas				9801 Westheimer, Suite 900, Houston, TX 77042 Address (Give address to which approved copy of this form is to be sent)				
GPM Gas Corporation				1040 Plaza Office Bldg., Bartlesville, OK 740				, OK 7400
If well produces oil or liquids, give location of tanks.	Unit   Sec.	17wp.	Rge.   32E	Is gas actually connected?	When	?	_	
If this production is commingled with the			comming	NO	<u>_N</u>	<u>egotiatin</u>	g Cont	ract
IV. COMPLETION DATA	<u>-</u>	·····						
Designate Type of Completion		i	as Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
8/30/92		Date Compl. Ready to Prod. 10/16/92		Total Depth 9214		P.B.T.D.	101	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		9110 ' Tubing Depth		
3720 GR	Delaware			7084'-7166.5'		8846'		
8620'-8630'; 8150'-8	158': 7664'-7	7677!	7370	51 7/201 700/L	71.00	Depth Casing Si		
	TUBING	, CASIN	G AND	CEMENTING RECOR	-/100.5.	91	10,	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
17 1/2" 12 1/4"		13 3/8"		595'		700 sx Class "C"		
7 7/8"	8 5/8" 5 1/2"			4718' 9214'		1850 sx HalLite.200sx CI		
	2 7/8"			9214 8846'		1585 50/50 Poz Mix		
7. TEST DATA AND REQUE						L		/
Date First New Oil Run To Tank	Date of Test	of load oil	and must	be equal to or exceed top allo Producing Method (Flow, pu	owable for this	depth or be for fi	ill 24 hours	.)
10/19/92	10/24/92			Pump	''			
ength of Test 24 hrs	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	35# Oil - Bbls.			35# Water - Bbls.		Gas- MCF		
447	300			147		285		
GAS WELL		······································	<del></del>					
Actual Prod. Test - MCF/D	Length of Test	-	1	Bbls. Condensate/MMCF		Gravity of Cond	nsate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size		
A ODED ATOD CODE	1					·····	·	
I. OPERATOR CERTIFIC  I hereby certify that the rules and regul			E	OIL CON	ISFRV4	יום מסודי	JISIO1	N
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.				Date ApprovedNOV 0 4 '92				
Carre a. D.	1.04.1							
Signature				By ORIGINAL S	HGNED AV	IPPDV cev-	100	
Carol J. Garcia, Production Supervisor Printed Name Title				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
11/2/92	505-622	2-1127		Title				
Date	Tele	phone No.			•		*	

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.
- 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.

"C"