Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Departme...

Form C-103 0	4
Form C-103 C Revised 1-1-89	1

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-21*777* 5. Indicate Type of Lease STATE X

XECTIVE[

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. K-6600			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMED" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name			
1. Type of Well: On. WELL OTHER Complete for SWD-511	Nash Unit			
2 Name of Operator Strata Production Company	8. Well No. #4			
3. Address of Operator P.O. Box 1030, Roswell, New Mexico 88202-1030	9. Pool name or Wildcat Nash Draw Cherry Canyon			
4. Well Location Unit Letter A: 990 Feet From The North Line and 330	Feet From The Fast Line			
Section 13 Township 23 South Range 29 East 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3002 GR	NIMPM Eddy County			
Check Appropriate Box to Indicate Nature of Notice, R.	eport, or Other Data SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING 3 OPNS PLUG AND ABANDONMENT			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING PULL OR ALTER CASING CASING TEST AND CE				
OTHER: OTHER: Complete				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	ding estimated date of starting any proposed			

05/12/93: RU Pool Well Service pulling unit. TOH with pump and rods. TOH with tubing.

05/13/93: TIH with 5 1/2" CIBP and set at 4738'. Cap with 10' cement. PBTD 4728'. Run CBL. TIH with tubing.

05/14/93: Evaluate logs.

05/15/93: ND BOP. Flange up tubing. RD.

CONTINUED ON PAGE 2

I hereby certify that the information	a above is true and complete to the best of my knowle	edge and boild. Production Records	Manager 9/14/93
SIONATURE CAROL TYPEOR PRINT NAME Carol	J. Garcia	mle //oddecton records	TELEPHONE NO.
TYPE OR PRINT NAME			
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT		OCT 1 9 1993
APPROVED BY		mls	

CONDITIONS OF APPROVAL, IF ANY:

POST OFFICE DRAWER 1030 ROSWELL, NM 88202-1030 STRATA PRODUCTION COMPANY

200 WEST FIRST STREET, ROSWELL PETROLEUM BUILDING, SUITE 700 ROSWELL. NEW MEXICO 88201 TELEPHONE (505) 622-1127 FACSIMILE (505) 623-3533

SEP 21 100:

ATTACHMENT TO FORM C-103
SUNDRY NOTICES AND REPORTS ON WELLS
LEASE NUMBER K-6600
NASH UNIT #4
SECTION 13-23S-29E
EDDY COUNTY, NEW MEXICO

06/28/93: MIRU pulling unit. Unflange tubing. NU BOP. TOH with tubing.

06/29/93: Perforate at 3250'. TIH with cement retainer and set at 3190'. TIH with tubing and stinger. RU kill truck and pump through retainer. Squeeze with 375 sacks 35/65 Poz with 6% gel and 10# salt per sack. Circulate 20 sacks cement to pit. Sting out of retainer. Circulate hole clean. TOH with tubing.

06/30/93: WOC.

07/01/93: TIH with 4 3/4" bit and (4) 3 1/2" DC. TOC at 3179'. RU reverse unit. Drill out cement retainer at 3190'. Drill out 10' cement to 3200'. Cement too green to drill. Circulate hole clean.

07/05/93: Drill out 50' cement. Circulate hole clean. Test to 1500# for 30 min. Held OK. TOH and LDDC. Perf (217) .42 holes from 3240'-3734'.

07/06/93: TIH with 5 1/2" Loc-Set packer. Set at 3740'. Circulate and spot acid. Set packer at 3140'. Acidize with 7917 gal 7 1/2% NEFE and 326 BS.

07/07/93: TIH with 5 1/2" Plastic Coated Loc-Set packer and 99 joints 2 3/8" J55 EOE 8 Rd ceramic coated tubing to 3104'. Circulate casing with packer fluid. Set packer. Flange up tubing.

07/27/93: Set (3) 500 bbl fiberglass tanks. Start SWD hook up.

07/28/93: Finalize battery installation. Start motor. Prep to begin injection. Clean location. RD.

07/30/93: Start injection.

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

See Instructions

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 AUG 2 1 1992

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

Q. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION OF

I.	11200	TOTRA	NSP	ORT OIL	AND NA	TURAL ĞA	S				
Operator		. •				Well API No.					
Strata Production Com	pany	J					30-	-015-2177	7		
Address P. O. Box 1030, Roswe		w Mexi	co	88202-1	030						
Reason(s) for Filing (Check proper box)	11, 110				Othe	x (Please expla	in)				
New Well		Change in	Transpo	orter of:	_	•					
Recompletion	Oil		Dry G	AS \square							
Change in Operator	Casinghea		Conde								
If change of operator give name and address of previous operator	nison ()i1 & G	as,	Inc., 1	445 Ros	s Ave., S	Suite 5	300, Locl	Box 15	52,	
Dalla II. DESCRIPTION OF WELL	is, Tex	kas /5	202-	-2733							
Lease Name	NID DE	Well No.	Pool N	lame, Includir	ng Formation	7,1.2.1077	Kind	of Lease	Le	ase No.	
Nash Unit		4		sh Unit	Delayare State, Fadea Fox Face				K-66	500	
Location				Draw	w & ne	vry cam			_		
Unit LetterA	:990	<u>. </u>	Feet P	rom The No	rth_Lin	and <u>//3</u> :		et From The _	East	Line	
Section 13 Township	23 S	outh	Range	29 Eas	st ,N	ирм,	Edd	у		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sate		Address (Giv	e address to wh				nt)	
Petro Source Partners	s, Ltd	•			P. O. Box 1356, Dumas, TX 79029 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	Address (Giv	e address to wi	tich approved	copy of this fo	rm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	7			
If this production is commingled with that i	rom any of	her lease or	pool, g	ive comming!	ing order num	ber:					
IV. COMPLETION DATA	•									_, 	
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	omatio	<u> </u>	Top Oil/Gas Pay Tubing Depth						
Perforations	<u> </u>			<u> </u>	<u> </u>	Depth Casing Shoe					
					CEL CLEE	NO DECOR	<u> </u>				
					CEMENTI	EMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			Pat IN-3				
		. -						8-28-92			
	 						Ch	Cha No			
	<u> </u>							0	7		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW	ABLI	E d oil and must	the equal to a	e exceed top all	owable for th	is depth or be i	for full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		oj ioda	. vu anu musi	Producing M	lethod (Flow, p	ump, gas lift,	elc.)	•		
Length of Test	Tubing P	ressure			Casing Press	ure		Choke Size			
	Oil - Bbls.			Water - Bbls.		Gas- MCF					
Actual Prod. During Test	Oit - Boi	i. 									
GAS WELL					160- 7	acoto AAAA		Gentle of	Ondensate	 	
Actual Prod. Test - MCF/D Length of Test			BOIS. CORGO	Bbls. Condensate/MMCF Gravity of Condensate							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC						OIL CO	NSER\	/ATION	DIVISIO	ON .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					J.2 JJ.						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Det	e Approvi	ed	AUG 2	1 1992			
	arci				Dat	• • • • • • • • • • • • • • • • • • • •					
5					By.	0	RIGINAL	SIGNED E	3Y		
Signature Carol J. Garcia, Pr	oducti	on Supe					MKE WIL	LIAMS OR, DISTE	CT 19		
Printed Name	50	5-622-	Tide 1127	;	Title	9	PERAIS	ON, DIGIT			
8/19/92 Date	0ر		lephone	e 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.
- 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.