

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Strata Production Company P.O. Box 1030 Roswell, New Mexico 88202-1030		OGRID Number 021712
		Reason for Filing Code CG and meter location effective 1/1/95
API Number 30 - 015-26992	Pool Name Nash Draw Brushy Canyon Delaware	Pool Code 47545
Property Code 010735	Property Name Nash Unit	Well Number #10

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
G	13	23S	29E		1750	North	1850	East	Eddy

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code F	Producing Method Code P	Gas Connection Date 1/12/93	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
139633	Highlands Gas Corporation 8085 S. Chester St., #114 Englewood, CO 80112	2814639	G	H-13-23S-29E

RECEIVED

MAR 29 1995

OIL CON. DIV.
DIST. 2

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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: Carol J. Garcia

Printed name: Carol J. Garcia

Title: Production Records Manager

Date: 3/27/95

Phone: 505-622-1127

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:

Approval Date: MAR 31 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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JUL 23 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well APN No. 30-015-26992
Address P.O. Box 1030, Roswell, New Mexico 88202-1030		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change well name from Nash Draw Unit #10 to Nash Unit #10. Correct gas transporter from GPM Gas Corporation to Enron Corporation.
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nash Unit	Well No. #10	Pool Name, including Formation Nash Draw Brushy Canyon	Kind of Lease State Federal or P.O.	Lease No. NM-19246
Location Unit Letter <u>G</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>23</u> South Range <u>29</u> East, <u>NMPM</u> , Eddy 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, TX 77042	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Enron Corporation	Address (Give address to which approved copy of this form is to be sent) 1400 Smith, EB2468, Houston, TX 77002	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13
	Twp. 23S	Rge. 29E
	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>1/12/93</u>	

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	Gas Well	New Well	Workover	Deepen	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 Formation		Top Oil/Gas Pay			Tubing Depth		
Performances						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Part I.D.-3</u>
			<u>8-6-93</u>
			<u>chg well name</u>

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

Carol J. Garcia

Signature
Carol J. Garcia
Printed Name
7/21/93
Date
Production Supervisor
(505) 622-1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 23 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
DRAWER DD
ARTESIA, NM 88210

RECEIVED

AUG 23 1993

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Strata Production Company

3. Address and Telephone No.

P.O. Box 1030, Roswell, NM 88202-1030 (505) 622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1750' FNL & 1850' FEL
Section 13 - 23S - 29E

5. Lease Designation and Serial No.

NM - 19246

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Nash Unit

8. Well Name and No.

Nash Unit #10

9. API Well No.

30-015-26992

10. Field and Pool, or Exploratory Area

Nash Draw Brushy Canyon

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Change well name

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Strata Production Company requests approval to change the Nash Draw Unit #10 well name to the Nash Unit #10.

14. I hereby certify that the foregoing is true and correct

Signed

Carol J. Garcia

Title Production Supervisor

Date 7/21/93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date 8/16/93

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505-622-1127		7. UNIT AGREEMENT NAME Nash Unit
2. NAME OF OPERATOR Strata Production Company				8. FARM OR LEASE NAME Nash Unit
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030				9. WELL NO. #10
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1750' FNL & 1850' FEL				10. FIELD AND POOL, OR WILDCAT Nash Draw Delaware
14. PERMIT NO. 30-015-26992				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13-23S-29E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 2998' GR				12. COUNTY OR PARISH Eddy
				13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

4/23/93: MIRU pulling unit. TOH with pump, rods and tubing.
4/26/93: Perf (18) .42 holes at 5441'-5483'. Acidize with 1500 gallons 7 1/2% NEFE. Swab test.
4/28/93: Perf (14) .42 holes at 5370'-5387'. Acidize with 900 gallons 7 1/2% NEFE. Swab test.
4/30/93: Perf (12) .42 holes at 5302'-5308'.
5/01/93: Acidize with 1000 gallons 7 1/2% NEFE.
5/03/93: TIH with production string. TIH with rods and pump. Space out and hang on well. Start pumping unit. RD. Well placed on production.

David P. Glass
18 1993

RECEIVED
JUN 6 10 33 AM '93

18. I hereby certify that the foregoing is true and correct

SIGNED *Carol J. Garcia*

TITLE Production Supervisor

DATE 6/7/93

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Form 1160-5
(July 1989)

NM OIL CONS
(Formerly NM OIL)

UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NM60-3160-4

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Nash Unit	
2. NAME OF OPERATOR Strata Production Company		8. FARM OR LEASE NAME Nash Unit	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		9. WELL NO. #10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1750' FNL & 1850' FEL		10. FIELD AND POOL, OR WILDCAT Nash Draw Delaware	
14. PERMIT NO. 30-015-26992		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2998' GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13-23S-29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3/17/93: MIRU pulling unit. TOH with rods and pump. TOH with tubing.
3/18/93: Perf (11) .42 holes at 6767'-6779.5'. Acidize with 1000 gallons 7 1/2% NEFE. Swab test.
3/22/93: Perf (9) .42 holes at 6319'-6329.5'. Acidize with 900 gallons 7 1/2% NEFE. Swab test.
3/26/93: Frac perfs 6319'-6329.5' via 2 7/8" tubing with 19000 gallons YF-135 fluid, 20000# 16/30 CR5000 and 10000# 16/30 AC Frac SB. Swab test.
3/30/93: Squeeze perfs 6319'-6329.5' with 75 sacks Class "C" and 75 sacks Class "C" Neat. Walk squeeze to 1500#. Drill out cement. Retrieve RBP.
4/05/93: Perf 6 spf at 5858'-5864' under balance.
4/06/93: TP 20#. Fluid entry 250'. Slight show on first swab run. Acidize with 750 gallons 7 1/2% NEFE. Break down perfs at 3500#. Treat well at .2 BPM. Avg PSI 620#. ISDP 450#. Swab test.
4/10/93: TIH with pump and rods. Space out and hang on well. Start pumping unit. RD.

18. I hereby certify that the foregoing is true and correct

SIGNED

Carol J. Garcia

TITLE

Production Supervisor

DATE

6/7/93

(This space for Federal or State office use)

APPROVED BY

TITLE

ORIG. SGD. DAVID R. GLASS

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 22 1993

*See Instr.

CARLSBAD, NEW MEXICO