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Appropriate District Office
DISTRICT 1

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-8 See Instructions at Bottom of Pag

P.O. Box 1980, Hobbs, NM 88240 RECEIVED OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210	8 19 92	Sar	P.O. I Ita Fe, New M	30x 2088 1exico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			•			ATION				
	T(O TRA	NSPORT O	L AND NAT	URAL GA	S				
Operator		/				Well A	Well API No. 30-015-27316			
Strata Production Co		30-013-27313								
Address	11 No	w May	ico 88202	2-1030		63.4.4.4.1.				
P. O. Box 1030, Rosv	err, Ne	W MEX	100 00201		r (Please expla	in) GAGG		43 4, 50	TON BE	
Reason(s) for Filing (Check proper box) New Well	c	hange in	Transporter of:			FLAGED	7411 <u>1134 .</u>	8/14	193	
Recompletion	Oil		Dry Gas			Call	7 N 156	5N	FROM	
Change in Operator	Casinghead	Gas 🔲	Condensate			بن HE الما	. 	AINE	711011	
f change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL	ND LEAS	SE	Pool Name, Inclu	Brushy	panyo	N Kind o	Lease	l le	ase No.	
Lease Name Nash Unit	ľ	#13	Nash Dra	w Delawar	e //	XXXX I	oderal/oX Kok	NM-05	556859-A	
Location	. 2315			South Lim	174	6 E ~	t From The _	West	Line	
Unit Letter K	: 2313		Feet From The	LIN	# #BO					
Section 12 Township	23 Sot	uth	Range 29 Ea	st , N	мрм,	Edo	ly	 	County	
						*				
III. DESIGNATION OF TRAN	SPORTER	OF O	IL AND NAT	URAL GAS	e address to w	rich approved	copy of this fo	rm is to be se	ni)	
Name of Authorized Transporter of Oil	Authorized Transporter of Oil or Condensate				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 Casing	Petro Source Partners, Ltd.					Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg., Bartlesville, OK 7400				
GPM Gas Corporation	,,,,,,,			1040 PT	aza Offi	ce Blag	., Barti	esville	, 01 /40	
If well produces oil or liquids,	Unit	Sec.	Twp. R	, ,	y connected?	When	<i>î</i> Negotia	ting Co	ntract	
give location of tanks.	K	12	1235 29E		lo		negotio			
If this production is commingled with that	from any othe	r lease or	pool, give commi	ngling order num	ber:					
IV. COMPLETION DATA		Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I X	. 0	Х	i	<u>i </u>	<u> </u>	<u> </u>	_l	
Date Spudded	Date Comp			Total Depth	Total Depth 7400'			P.B.T.D. 7360'		
2/12/93		16/93		Ton Oil/Gas	Top Oil/Gas Pay			Tuhing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr			679	6791'-6836'			6755'		
2976' GL.	2976' GL Delaware							Depth Casing Shoe		
	'-6836'							/400-		
08/3 - 700/ 1 0/32	T	UBING	, CASING AN	ID CEMENT	ING RECO	<u> </u>		DACKE CEN	ICAIT	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT 475 SX PP			
17 1/2"	ļ:	13 3/8"			3010'			1175 sx HL:200 sx Class		
12 1/4"		8 5/8" 5 1/2"			7400'			1570 sx 50/50 Poz H; 32		
7 7/8"		2 7/8			6755'		HL;	100 sx	Class "C"	
V. TEST DATA AND REQUE	ST FOR A	TIOU	ADIC						•	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	sal volum	e of load oil and r	nusi be equal to	or exceed top a	llowable for th	is depth or be	for full 24 No	102/ ID-	
Date First New Oil Run To Tank	Date of Te	st		Producing I	Method (Flow,)	nenth' am idi'	wing	•	7-2-93	
4/9/93	5/15/93			Casing Pres	Casing Pressure			Choke Size comp 4 BK		
Length of Test	Tubing Pressure 380#				-0-			18/64	/ .	
24 hours Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbls.			400		
372		228			144			123_		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
				- C-11 K	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pr	essure (Si	nut-in)	Casing Pre	Paric (Sum-11)		1000	-		
			COL LA NICTO							
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					JUN 2 4 1993					
is true and complete to the best of m	y knowledge	and belief	•	Da	te Approv	/ed	JUN	£ ± 100	-	

Tide 505-622-1127 Printed Name 5/27/93

Garcia. Production Supervisor Carol J.

Telephone No. Date

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

By.

Title

ORIGINALISIGNED BY

SUPERVISOR, DISTRICT !!

MIKE WILLIAMS

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.

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"C" SX