

## Strata Production Co.

Operator

Component	Normalized Mol %	Un-Normalized Mol %	GPM
H2S (H2S)	0.0000	0	
Nitrogen (N2)	5.1240	5.12363	
CO2 (CO2)	0.1090	0.10944	
Methane (C1)	72.6080	72.60904	
Ethane (C2)	11.1670	11.16676	2.9860
Propane (C3)	6.4590	6.45862	1.7790
I-Butane (IC4)	0.7900	0.78982	0.2580
N-Butane (NC4)	1.9240	1.92395	0.6060
I-Pentane (IC5)	0.4850	0.48513	0.1770
N-Pentane (NC5)	0.5140	0.51373	0.1860
Hexanes Plus (C6+)	0.8200	0.81988	0.3560
TOTAL	100.0000	100.0000	6.3480

Method(s): Gas C6+ - GPA 2261, Extended Gas - GPA 2286, Calculations - GPA 2172

## Analyzer Information

Device Type:	Gas Chromatograph	Device Make:	Shimadzu
Device Model:	GC-2014	Last Cal Date:	Feb 12, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> IMA, Inc. - Salt Lake City 95 S State Street Suite 1300 Salt Lake City UT 84111	<b>CONTACT</b> NAME: Jenny Martin PHONE (A/C No. Ext): 801-325-5000 E-MAIL: Jenny.Martin@imacorp.com ADDRESS: Jenny.Martin@imacorp.com FAX (A/C No.):														
<b>INSURED</b> Tanklogix, LLC 12200 W. Interstate 20 E. Odessa, TX 79765	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Crum &amp; Forster Specialty Insurance Company</td> <td>44520</td> </tr> <tr> <td>INSURER B: Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td>INSURER C: Admiral Insurance Company</td> <td>24856</td> </tr> <tr> <td>INSURER D: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER E: Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Crum & Forster Specialty Insurance Company	44520	INSURER B: Great Northern Insurance Company	20303	INSURER C: Admiral Insurance Company	24856	INSURER D: Federal Insurance Company	20281	INSURER E: Navigators Insurance Company	42307	INSURER F:	
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**COVERAGES****CERTIFICATE NUMBER:** 1969351426**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		EPK151521	3/15/2025	3/15/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		73620146	3/15/2025	3/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		UX00000157101	3/15/2025	3/15/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	71833517	3/15/2025	3/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A A E	Pollution Liability Errors & Omissions 2nd Layer Excess Liability		EPK151521 EPK151521 LA25EXCZ0KXK9IC	3/15/2025 3/15/2025 3/15/2025	3/15/2026 3/15/2026 3/15/2026	See Below See Below Ea Occur \$3,000,000 Agg. \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Pollution Liability: Each Claim \$1,000,000; Aggregate \$1,000,000; Deductible \$10,000.

Errors & Omissions: Each Wrongful Act \$1,000,000; Aggregate \$1,000,000.

3rd Layer Excess Liability: Evanston Insurance Company Policy #MKLV5EUE103954; NAIC #35378; Effective 3/15/2025 - 3/15/2026;

\$5,000,000 Each Occurrence; \$5,000,000 Aggregate.

Certificate Holder and all other parties required by the contract are included as Additional Insured on the General Liability, Automobile Liability, and Pollution Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. This Insurance is Primary & Non-Contributory on the General Liability and Umbrella Liability Policies, if required by written contract or agreement, subject to the policy terms and conditions. A Waiver of Subrogation is provided in favor of the Certificate Holder and all other parties required by the contract on the General Liability, Automobile Liability, Pollution Liability and See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Strata Production Company  
 1301 North Sycamore Avenue  
 Roswell NM 88201  
 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: SAEINC0-01

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY IMA, Inc. - Salt Lake City		NAMED INSURED Tanklogix, LLC 12200 W. Interstate 20 E. Odessa, TX 79765
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation Policies, if required by written contract or agreement, subject to the policy terms and conditions. Umbrella Liability policy is in excess of the General Liability, Automobile Liability and Employers Liability Policies, subject to the policy terms and conditions.

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

DEFINITIONS

Action 444763

DEFINITIONS

Operator:  STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID:  21712
	Action Number:  444763
	Action Type:  [C-129] Venting and/or Flaring (C-129)

DEFINITIONS

<p>For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application:</p> <ul style="list-style-type: none"><li>• this application's operator, hereinafter "this operator";</li><li>• venting and/or flaring, hereinafter "vent or flare";</li><li>• any notification or report(s) of the C-129 form family, hereinafter "any C-129 forms";</li><li>• the statements in (and/or attached to) this, hereinafter "the statements in this";</li><li>• and the past tense will be used in lieu of mixed past/present tense questions and statements.</li></ul>
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QUESTIONS

Action 444763

**QUESTIONS**

Operator: STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID: 21712
	Action Number: 444763
	Action Type: [C-129] Venting and/or Flaring (C-129)

**QUESTIONS**

<b>Prerequisites</b> <i>Any messages presented in this section, will prevent submission of this application. Please resolve these issues before continuing with the rest of the questions.</i>	
Incident Well	Unavailable.
Incident Facility	[fAPP2414329974] CTB #3 Flare Stack

<b>Determination of Reporting Requirements</b> <i>Answer all questions that apply. The Reason(s) statements are calculated based on your answers and may provide additional guidance.</i>	
Was this vent or flare caused by an emergency or malfunction	Yes
Did this vent or flare last eight hours or more cumulatively within any 24-hour period from a single event	No
Is this considered a submission for a vent or flare event	Yes, minor venting and/or flaring of natural gas.
<i>An operator shall file a form C-141 instead of a form C-129 for a release that, includes liquid during venting and/or flaring that is or may be a major or minor release under 19.15.29.7 NMAC.</i>	
Was there <b>at least 50 MCF</b> of natural gas vented and/or flared during this event	Yes
Did this vent or flare result in the release of <b>ANY</b> liquids (not fully and/or completely flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water	No
Was the vent or flare within an incorporated municipal boundary or within 300 feet from an occupied permanent residence, school, hospital, institution or church in existence	No

<b>Equipment Involved</b>	
Primary Equipment Involved	Gas Compressor Station
Additional details for Equipment Involved. Please specify	Not answered.

<b>Representative Compositional Analysis of Vented or Flared Natural Gas</b> <i>Please provide the mole percent for the percentage questions in this group.</i>	
Methane (CH4) percentage	73
Nitrogen (N2) percentage, if greater than one percent	5
Hydrogen Sulfide (H2S) PPM, rounded up	0
Carbon Dioxide (CO2) percentage, if greater than one percent	0
Oxygen (O2) percentage, if greater than one percent	0
<i>If you are venting and/or flaring because of Pipeline Specification, please provide the required specifications for each gas.</i>	
Methane (CH4) percentage quality requirement	Not answered.
Nitrogen (N2) percentage quality requirement	Not answered.
Hydrogen Sulfide (H2S) PPM quality requirement	Not answered.
Carbon Dioxide (CO2) percentage quality requirement	Not answered.
Oxygen (O2) percentage quality requirement	Not answered.

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QUESTIONS, Page 2

Action 444763

**QUESTIONS (continued)**

Operator: STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID: 21712
	Action Number: 444763
	Action Type: [C-129] Venting and/or Flaring (C-129)

**QUESTIONS**

Date(s) and Time(s)	
Date vent or flare was discovered or commenced	03/20/2025
Time vent or flare was discovered or commenced	08:00 AM
Time vent or flare was terminated	10:00 AM
Cumulative hours during this event	1

Measured or Estimated Volume of Vented or Flared Natural Gas	
Natural Gas Vented (Mcf) Details	Not answered.
Natural Gas Flared (Mcf) Details	Cause: Equipment Failure   Producing Well   Natural Gas Flared   Released: 69 Mcf   Recovered: 0 Mcf   Lost: 69 Mcf.
Other Released Details	Not answered.
Additional details for Measured or Estimated Volume(s). Please specify	Not answered.
Is this a gas only submission (i.e. only significant Mcf values reported)	Yes, according to supplied volumes this appears to be a "gas only" report.

Venting or Flaring Resulting from Downstream Activity	
Was this vent or flare a result of downstream activity	No
Was notification of downstream activity received by this operator	Not answered.
Downstream OGRID that should have notified this operator	Not answered.
Date notified of downstream activity requiring this vent or flare	Not answered.
Time notified of downstream activity requiring this vent or flare	Not answered.

Steps and Actions to Prevent Waste	
For this event, this operator could not have reasonably anticipated the current event and it was beyond this operator's control.	True
Please explain reason for why this event was beyond this operator's control	Field pressure spike, compression failed to keep up with flow
Steps taken to limit the duration and magnitude of vent or flare	Sent excess gas to alternate purchaser line.
Corrective actions taken to eliminate the cause and reoccurrence of vent or flare	Brought on additional compressor units





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ACKNOWLEDGMENTS

Action 444763

**ACKNOWLEDGMENTS**

Operator: STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID: 21712
	Action Number: 444763
	Action Type: [C-129] Venting and/or Flaring (C-129)

**ACKNOWLEDGMENTS**

<input checked="" type="checkbox"/>	I acknowledge that I am authorized to submit a <i>Venting and/or Flaring</i> (C-129) report on behalf of this operator and understand that this report can be a <b>complete</b> C-129 submission per 19.15.27.8 and 19.15.28.8 NMAC.
<input checked="" type="checkbox"/>	I acknowledge that upon submitting this application, I will be creating a new incident file (assigned to this operator) to track any C-129 forms, pursuant to 19.15.27.7 and 19.15.28.8 NMAC and understand that this submission meets the notification requirements of Paragraph (1) of Subsection G and F respectively.
<input checked="" type="checkbox"/>	I hereby certify the statements in this report are true and correct to the best of my knowledge and acknowledge that any false statement may be subject to civil and criminal penalties under the Oil and Gas Act.
<input checked="" type="checkbox"/>	I acknowledge that the acceptance of any C-129 forms by the OCD does not relieve this operator of liability should their operations have failed to adequately investigate, report, and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment.
<input checked="" type="checkbox"/>	I acknowledge that OCD acceptance of any C-129 forms does not relieve this operator of responsibility for compliance with any other applicable federal, state, or local laws and/or regulations.



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CONDITIONS

Action 444763

CONDITIONS

Operator:  STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID:  21712
	Action Number:  444763
	Action Type:  [C-129] Venting and/or Flaring (C-129)

CONDITIONS

Created By	Condition	Condition Date
strata	If the information provided in this report requires an amendment, submit a [C-129] Amend Venting and/or Flaring Incident (C-129A), utilizing your incident number from this event.	3/24/2025