

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

AUG 27 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Operator Strata Production Company | Well API No. 30-015-21803 |
| Address P.O. Box 1030, Roswell, New Mexico 88202-1030 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <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. #6 | Pool Name, Including Formation Nash Draw Brushy Canyon | Kind of Lease State, Federal , Other | Lease No. L-3358 |
| Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>23</u> South Range <u>30</u> East , NMPM, 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, Ste 900, Houston, TX | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Enron | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1180, Houston, TX 77002 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 13 | Twp. 23S | Rge. 29E | Is gas actually connected? Yes | When? 6/27/93 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen <input checked="" type="checkbox"/> | Plug Back | Same Res'v | Diff Res'v <input checked="" type="checkbox"/> |
| Date Spudded 6/4/93 | Date Compl. Ready to Prod. 6/28/93 | | Total Depth 7430' | | P.B.T.D. 7390' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3016' GL | Name of Producing Formation | | Top Oil/Gas Pay 6906'-6933' | | Tubing Depth 6848' | | | |
| Perforations 6906'-6933' | | | | | Depth Casing Shoe 7430' | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2" | 13 3/8" | 273' | 900 Class 'C' |
| 11" | 8 5/8" | 3112' | 800HL; 200 Class 'C' |
| 7 7/8" | 5 1/2" | 7430' | 590 50/50 Poz H; 365 |
| | 2 7/8" | 6848' | 35/65 Poz 'C'; 100 |

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 6/28/93 | Date of Test 7/7/93 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 540# | Casing Pressure 0 | Choke Size 22/64 |
| Actual Prod. During Test 246 | Oil - Bbls. 169 | Water - Bbls. 77 | Gas - MCF 131 |

Post ID-2
9-10-93
comp v B/1

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/Production Records Mgr.

Printed Name

Title

8/6/93

Date

505-622-1127

Telephone No.

OIL CONSERVATION DIVISION

AUG 27 1993

Date Approved

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.