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

State of New Mexico rinergy, Minerals and Natural Resources Department

RECEIVED

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

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

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

SEP - 7 1993

DISTRICT III 1000 Rio Brazos	Rd., Aziec, NM	87410
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1000 Rio Brazos Rd., Aztec, NM 87410	REOUE	EQT E			DI E ANI	וא ח	ום∩עדו	ZATION	0.6.). 		
!.									a stides	h.A.z		
Operator	TO TRANSPORT OIL AND NATURAL GAS								API Na			
Strata Production Company Address					30-015-21800							
P.O. Box 1030, Roswe	ell, Ne	ew Me	xico	8820						·-·		
Reason(s) for Filing (Check proper box) New Well	,	 !	T			Other (1	Please expl	zin)				
Recompletion X	Oil	hange in	Dry Gas	_								
Thange in Operator	Casinghead	c 🗀	Condens	_								
change of operator give name and address of previous operator	Cangiero	U.S.	Conoen			 .						
. DESCRIPTION OF WELL A	AND LEAS	SE									· · · · · · · · · · · · · · · · · · ·	
ease Name Nash Unit	i	Vell No.	1		ng Formati		C 2 2 1 2 1		of Lease Federal myFee		ease No.	
ocation		‡ 5	masn	Draw	Brus	ii y	Canyon	II XOXO	Teneral MX Me	NM-1	7589	
Unit LetterI	: 2310	<u> </u>	. Feet Fro	om The _S	outh 1	Line an	<u>a</u> 330	F	et From The _	East	Line	
Section 13 Township	23 Sc	outh	Range	29 E	ast ,	NMP	M, Ed	d y			County	
II. DESIGNATION OF TRANS				NATU								
lame of Authorized Transporter of Oil	1 AI .	r Conden J	saie		Address (Give aa	idress to wi thoim	uich approved	copy of this for	rm is to be s	en) TY 770/	
Petro Source Partne					 							
lame of Authorized Transporter of Casing Enron/Transwestern		n e	or Dry (Jas [1				l <i>copy of this fo</i> r ton, TX		-	
well produces oil or liquids, ve location of tanks.				Is gas actually connected? When 8/1				? 17/93				
this production is commingled with that five COMPLETION DATA	rom any other	lease or	pool, give	comming	ing order m	umber:						
Designate Type of Completion -	m	Oil Well	G	ias Weli	New Wo	ell W	orkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 7/16/76	Date Compl.		Prod.		Total Dep 7300			<u> </u>	P.B.T.D.		_1	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Delaware Brushy Cany			Top Oil/G	as Pay	- 6933		7 2 6 5 ' Tubing Depth 67 9 7 '				
erforations	DETAWA		usiiy	Carry	1011 0	302	-0933		Depth Casing	Shoe		
6902'-6933'	TU	BING.	CASIN	IG AND	CEMEN	TING	RECOR	<u> </u>	7300	<u></u>	· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE		NG & TL			CENTER		PTH SET	<u> </u>	S	ACKS CEM	ENT	
17 1/2"		3/8"			31				550 CT	ass C		
12 1/4"	8	5/8"			316	0			800HLW	:200C1	ass C	
7 7/8"		1/2"			730	0'					z H; 2	
. TEST DATA AND REQUES	T FOR AL	7/8"	int in		679	7 '			65/35	Poz C;	267 CTa	
IL WELL (Test must be after rec				il and must	he sound to							
	Date of Test	· ronarie	oj loda o	u unu musi	Producing	Method	d (Flow pu	mp, gas lift, e	s depin or be jo		rs.) FID-2	
8/16/93	8/18	/93			Flow			,,40, gas 191, t	<i>ac.</i> ,	0	-2192	
	Tubing Press				Casing Pre	<u>_</u>		·	Choke Size		up Brush	
24 hours	490#				-0-				20/64	in	/ 1 /	
·	Oil - Bbls.				Water - Bt	ols.			Gas- MCF		6 any o	
436	171				265				137		V	
GAS WELL											·	
clual Prod. Test - MCF/D	Length of Ter	et			Bbls. Cond	densate	MMCF		Gravity of Co	ndensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	tions of the Oi	il Conserv ation give	zation	CE		OIL	- CON	SERV	ATION E	NYISIC)N	
is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION SEP 2 2 1993 Date Approved							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Carol J. Garcia, Production Records Mgr

Printed Name 9/2/93

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

(505) 622-1^{Tul}27

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes