

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

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form 2-10  
Revised February 10, 1994  
Instructions on back  
Appropriate District Office  
5 Copies

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

☐ AMENDED REPORT

PO Box 2088, Santa Fe, NM 87504-2088  
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|  |                                  |   |
|--|----------------------------------|---|
| Operator name and Address  |                                  | OGRID Number  |
| Strata Production Company<br>P.O. Box 1030<br>Roswell, New Mexico 88202-1030 |                                  | 021712  |
|  |                                  | Reason for Filing Code<br>CG and meter location<br>effective 1/1/95 |
| API Number   | Pool Name                        | Pool Code   |
| 30 - 015-26991   | Nash Draw Brushy Canyon Delaware | 47545   |
| Property Code  | Property Name                    | Well Number   |
| 010735   | Nash Unit                        | #9  |

## II. <sup>10</sup> Surface Location

| UI or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| B             | 13      | 23S      | 29E   |         | 860           | North            | 2210          | East           | Eddy   |

<sup>11</sup> Bottom Hole Location

|                        |                         |          |                       |         |                       |                  |                        |                |                         |
|------------------------|-------------------------|----------|-----------------------|---------|-----------------------|------------------|------------------------|----------------|-------------------------|
| " 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             | " Producing Method Code |          | " Gas Connection Date |         | " C-129 Permit Number |                  | " C-129 Effective Date |                | " C-129 Expiration Date |
| F                      | P                       |          | 1/12/93               |         |                       |                  |                        |                |                         |

### III. Oil and Gas Transporters

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

**RECEIVED**

MAR 29 1995

#### IV. Produced Water

| IV. Produced Water | OIL CON. DIV.<br>DIST. 2              |
|--------------------|---------------------------------------|
| 13 POD             | 14 POD ULSTR Location and Description |
|                    |                                       |

### V. Well Completion Data

| 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 | " Csg. 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: \_\_\_\_\_

Printed name:

Title:

Date:

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

<sup>47</sup> 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 \_\_\_\_\_

OIL CONSERVATION DIVISION

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

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

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

JUL 22 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |                              |
|--|--|------------------------------|
| Operator<br>Strata Production Company  |  | Well API No.<br>30-015-26991 |
| Address<br>P.O. Box 1030, Roswell, New Mexico 88202-1030   |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change well name from Nash Draw Unit #9 to<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> Nash Unit #9 |  |                              |

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|   |                |   |  |                       |
|---|----------------|---|--|-----------------------|
| Lease Name<br>Nash Unit   | Well No.<br>#9 | Pool Name, including Formation<br>Nash Draw Brushy Canyon | Kind of Lease<br>State, Federal or Foreign | Lease No.<br>NM-19246 |
| Location<br>Unit Letter B : 860 Feet From The North Line and 2210 Feet From The East Line<br>Section 13 Township 23 South Range 29 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"/><br>Petro Source Partners, Ltd. | Address (Give address to which approved copy of this form is to be sent)<br>9801 Westheimer, Suite 900, Houston, TX 77042 |            |             |             |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Enron Corporation   | Address (Give address to which approved copy of this form is to be sent)<br>1400 Smith EB2468, Houston, TX 77002          |            |             |             |                                   |                  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>B   | Sec.<br>13 | Twp.<br>23S | Rge.<br>29E | Is gas actually connected?<br>Yes | When?<br>1/12/93 |

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                    | 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      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        | Post FD-3         |            |            |
|                                     |                             |          |                 |          |        | 8-6-93            |            |            |
|                                     |                             |          |                 |          |        | this well name    |            |            |

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 Production Supervisor  
Printed Name  
7/21/93 (505) 622-1127 Title  
Date 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.