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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

RECEIVED

Energy, Minerals and Natural Resources Dep. ent

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

AUG 27 1993

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TIGHT HOLE
CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company ✓	Well API No. 30-015-27520
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input 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. #11	Pool Name, including Formation Nash Draw Brushy Canyon	Kind of Lease State, Federal or Free	Lease No. NM-0556859-A
Location Unit Letter <u>N</u> : <u>498</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>23South</u> Range <u>29East</u> , 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 Parntners, Ltd.	Address (Give address to which approved copy of this form is to be sent) 77042 9801 Westheimer, Ste 900, Houston, TX					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Enron Corp/Transwestern	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 B	Sec. 13	Twp. 23S	Rge. 29E	Is gas actually connected? Yes	When? 7/24/93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/15/93	Date Compl. Ready to Prod. 7/23/94		Total Depth 7200'		P.B.T.D. 7172'			
Elevations (DF, RKB, RT, GR, etc.) 2979' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6795' - 6821'		Tubing Depth 6700'			
Perforations 6795' - 6821'				Depth Casing Shoe 7200'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		310'		400 Class 'H'			
12 1/4"	8 5/8"		3010'		700 DS Lite; 200 Class C			
7 7/8"	5 1/2"		7200'		645 50/50 Poz; 305			
	2 7/8"		6700'		35/65 Poz; 100 Class 'C			

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 7/24/93	Date of Test 7/31/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 650#	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test 474	Oil - Bbls. 197	Water - Bbls. 277	Gas - MCF 139

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
8/6/93
Date
505-622-1127
Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 14 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.