

UNIT. STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on  
verse side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. (505) 622-1127	8. FARM OR LEASE NAME New Mexico Federal
3. ADDRESS OF OPERATOR P. O. Box 1030 700 Petroleum Bldg., Roswell, New Mexico 88202-1030		9. WELL NO. #6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FNL & 330' FWL		10. FIELD AND POOL, OR WILDCAT Hat Mesa Delaware	
14. PERMIT NO. API 30-025-31377		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3648' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4 - T21S - R32E
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

5/14/92 RU Fifty-Five Well Service rig. TOH w/rods, pump and tbg.

5/15/92 Perf (14) .42 holes as follows: 6624'-6630' (2 spf). Acidize w/1000 gals of 7½% NeFe.

5/19/92 Frac via 5½" csg. w/24800# 16/30 RC, 350 BBLs 35# gelled 2% KCl.

5/20/92 TIH w/2"x1½"x20' pump and rods. Space well out and start unit. Rig down and release rig. Well placed on production.



18. I hereby certify that the foregoing is true and correct

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 11/18/92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side 535

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Strata Production Company</b>		Well API No. <b>30-025-31377</b>
Address <b>P. O. Box 1030, Roswell, New Mexico 88202-1030</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Change effective April 1, 1992
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 <b>New Mexico Federal</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Hat Mesa Delaware</b>	Kind of Lease <del>State, Federal or Fee</del>	Lease No. <b>NM-14791</b>
Location Unit Letter <b>E</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line Section <b>4</b> Township <b>21 South</b> Range <b>32 East</b> , <b>NMPM</b> , Lea 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"/> <b>Petro Source Partners, Ltd.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1356, Dumas, TX 79029</b>						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>1010 Plaza Office Bldg., Bartlesville,</b>						
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>32</b>	Twp. <b>20S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When? <b>11/02/91</b>	OK <b>74004</b>

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

**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 Analyst**  
Printed Name Title  
**4/8/92** **505-622-1127**  
Date Telephone No.

**OIL CONSERVATION DIVISION**

**APR 24 '92**

Date Approved \_\_\_\_\_  
By *Paul Kautz*  
Title \_\_\_\_\_

**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.