

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

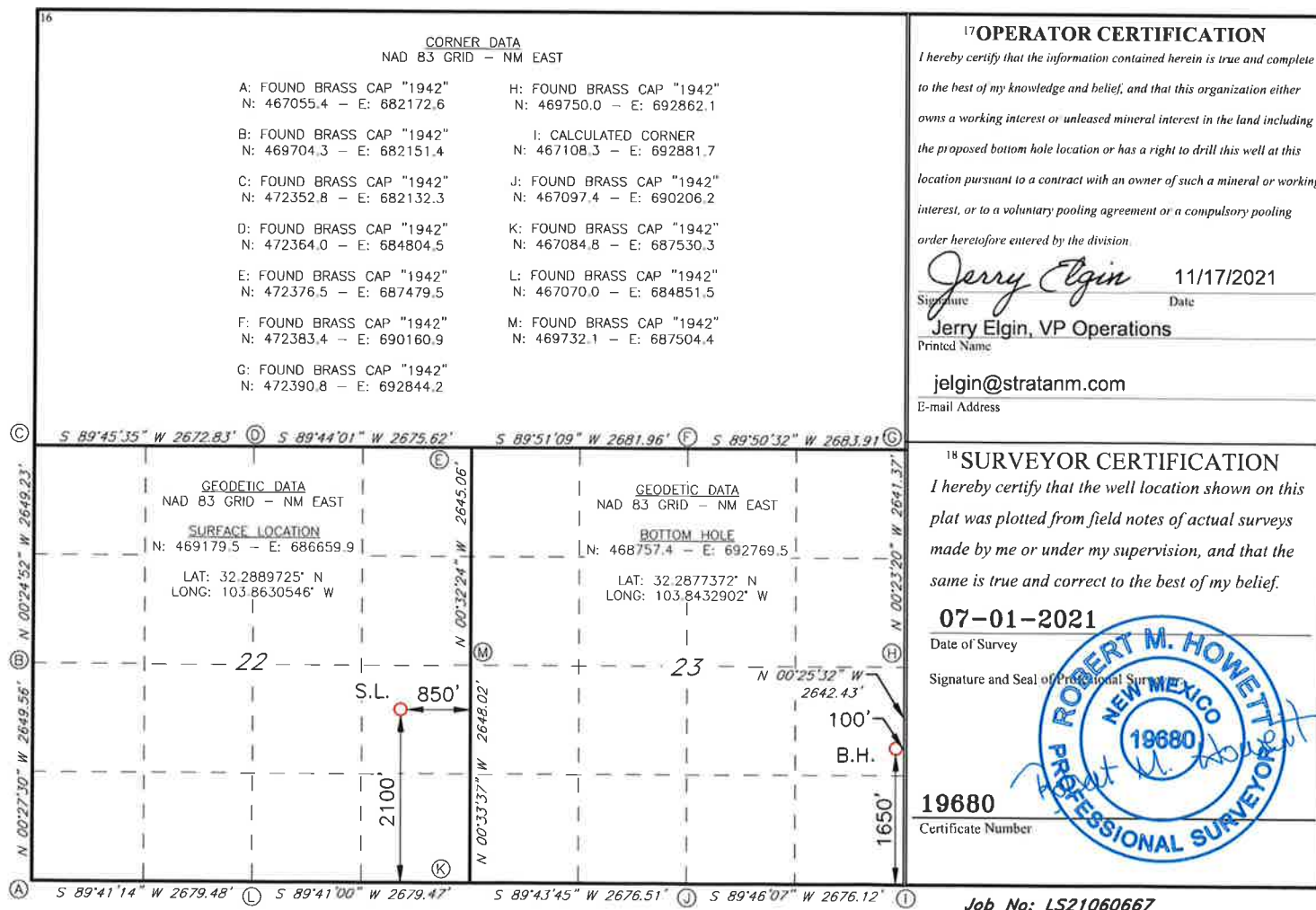
Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-49591		² Pool Code 24750		³ Pool Name FORTY NINER RIDGE DELAWARE					
⁴ Property Code 332904		Forty Niner Ridge Unit		⁵ Property Name FNRU FEDERAL COM 22 23 III				⁶ Well Number 15H	
⁷ GRID NO. 21712		⁸ Operator Name STRATA PRODUCTION COMPANY						⁹ Elevation 3220'	
¹⁰ Surface Location									
UL or lot no. I	Section 22	Township 23S	Range 30E	Lot Idn	Feet from the 2100	North/South line SOUTH	Feet From the 850	East/West line EAST	County EDDY
¹¹ Bottom Hole Location If Different From Surface									
UL or lot no. I	Section 23	Township 23S	Range 30E	Lot Idn	Feet from the 1650	North/South line SOUTH	Feet from the 100	East/West line EAST	County EDDY
¹² Dedicated Acres 200		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.



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1220 S. St Francis Dr.
Santa Fe, NM 87505

QUESTIONS

Action 167817

QUESTIONS

Operator: STRATA PRODUCTION CO P.O. Box 1030 Roswell, NM 882021030	OGRID: 21712
	Action Number: 167817
	Action Type: [UF-FAC] TB Registration (TB-REG)

QUESTIONS

Facility Details <i>Please answer all the questions in this group.</i>	
Name of the facility	FNRU 15H Tank Battery
Date the facility was opened	11/29/2022
Depth to ground water, if known	Not answered.

Verification	
Does the operator have other facilities with a matching name	No
Are there other facilites located within approximately 50 feet	No

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ACKNOWLEDGMENTS

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ACKNOWLEDGMENTS

<input checked="" type="checkbox"/>	I certify that I am authorized to register a facility on behalf of the responsible operator.
<input checked="" type="checkbox"/>	I certify that I will notify OCD of any changes of ownership for this facility.
<input checked="" type="checkbox"/>	I certify that I will notify OCD when this facility is closed.