

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Strata Production Company		30-025 24374
Address		
648 Petroleum building Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box)		
New Well	<input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion	<input checked="" type="checkbox"/>	
Change in Operator	<input type="checkbox"/>	
Change in Transporter of:		
Oil	<input type="checkbox"/>	Dry Gas <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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico A Federal	#1	Und. Delaware	State, Federal or Fee	NM 14791
Location				
Unit Letter	F	1683'	Feet From The North	Line and 1650'
			Feet From The West	Line
Section	4	Township 21S	Range 32 East	NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company				P.O. Box 159 Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Delaware Natural Gas				9111 Jollyville #215 Austin, Texas 78759
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	4	215	32-E
Is gas actually connected?		When?		
No		10-05-89		
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
						XXX		XXX
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
07-13-89	09-18-89		13,100'		6869'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR 3653'	Delaware		6834'		6850'			
Perforations					Depth Casing Shoe			
				6834', 41, 50, 67 & 69'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		397'		1000 sx CI "C"			
17 1/2"	13 3/8"		3350'		3760 sx "Neat" 200 "C"			
12 1/4"	9 5/8"		8897'		1860 sx CI "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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
09-18-89	09-21-89	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	270#	20#	1/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
168 BTF	148 B0	20 BW	201
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puor, 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.		OIL CONSERVATION DIVISION OCT 4 1989	
Signature James G. McClelland Vice Pres/Administration		Date Approved	
Printed Name September 25, 1989		By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Telephone No. (505) 622-1127		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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 14791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NEW MEXICO A FEDERAL

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

WILDCAT - DELAWARE

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 4, T21S, R32E

12. COUNTY OR PARISH 13. STATE

LEA

NM

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. GIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

STRATA PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

648 PETROLEUM BUILDING ROSWELL, NEW MEXICO 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1653 FNL & 1650 FWL

14. PERMIT NO.

15. ELEVATION (Show whether DE, RL, GR, etc.)

GR 3653'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

☒

☒

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

1) SET RBP AT 7000' AND COVER WITH 35 SACKS SAND.

2) PERFORATE, ACIDIZE & TEST THE FOLLOWING ZONES:

(A) 6730 - 50 = PERFS 6749, 43, 39, 37, 35 & 6733.

(B) 6575 - 6602=PERFS 6579, 85, 90, 98, 6607 & 10.

6622 - 6630=PERFS 6628, 6623.

(C) 6426 - 6466=PERFS 6460, 53, 49, 44 & 37.

(D) 6290 - 6340=PERFS 6337, 30, 25, 22, 6299 & 6293.

2)a. ZONES WILL BE PERFORATED, ACIDIZED AND TREATED SEPARATELY.

3) ACIDIZE WITH 2000 GALLONS OF 7 1/2% HCL.

4) FRAC (IF NECESSARY) WITH 16000 GALLONS OF 40# CROSSLINKED GEL WITH CO2 AND PROP WITH 28000# 12/20 OTTAWA.

4)a. EACH ZONE WILL BE FRACED SEPARATELY IF TESTING WARRANTS FRACING.

5) ALL ZONES TESTED THAT DO NOT CONTAIN HYDROCARBONS WILL BE SQUEEZED OFF BEFORE MOVING UP HOLE.

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

SIGNED

JAMES G. McCLELLAND

(This space for Federal or State office use)

TITLE VICE PRESIDENT/ ADMIN

DATE 11-08-89

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-27-89

*See Instructions on Reverse Side