

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED

(See other In-
structions on
reverse side)

BLM Roswell District
Modified Form No.
NM60-3160-3

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☒ DIFF. REVS ☐ Other _____

2. NAME OF OPERATOR

Strata Production Company

3a. Area Code & Phone No.

505-522-1127

3. ADDRESS OF OPERATOR

648 Petroleum Bldg., Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1980' FNL & 1980' FEL-Section 4

At top prod. interval reported below 1980' FNL & 1980' FEL-Section 4

At total depth 1980' FNL & 1980' FEL-Section 4

9a. API Well No.

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

LEA

13. STATE

NM

15. DATE SPIDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

1-24-90

18. ELEVATIONS TOP, HKB, RT, GR, ETC. *

GR 3673', KB 3710

19. ELEV. CASINGHEAD

3676'

20. TOTAL DEPTH, MD & TVD

21. PLUG. BACK T.D., MD & TVD

7105'

22. IF MULTIPLE COMPL., HOW MANY *

23. INTERVALS DRILLED BY

ROTARY TOOLS

X

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) *

Delaware - 6888 to 6843'

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB/FT.	DEPTH SET (MD)	HOLE SIZE	EVENTING RECORD	AMOUNT PULLED
--	NO CHANGE				

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
==					2 7/8"	6890'	--

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

12 - .42" Holes as follows:

6888, 86, 83, 76, 70, 64, 56, 53, 50, 48, 43, 42'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6888 - 6843'	1500 gals 7 1/2 NEFE-ACDZ
	FRAC-62800# 20/40, 7200#
	Resin 20/40, 37275 gal &
	CO ₂

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-21-90		PMPG				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1-23-90	24	--	→	47	64	126	1361
FLOW. TUBING PRESS.	CASINO PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
--	--	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

Frank Morgan

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

James E. McV...

TITLE

Vice President

DATE

1-24-90

RECEIVED

FEB 5 1990

OCD
HOBBS OFFICE

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. 25-1111
Address 648 Petroleum Bldg., Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" 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"/> <small>THIS WELL HAS BEEN PLACED IN THE POOL OF THE DELAWARE NATURAL GAS FIELD. IF YOU DO NOT AGREE, PLEASE CONTACT THE DISTRICT SUPERVISOR.</small>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico A Federal	Well No. 2	Pool Name, Including Formation Wildcat Delaware	Kind of Lease State, Federal or Rex	Lease No. NM14791
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 4 Township 21S Range 32E , 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) 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"/> Delaware Natural Gas	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville #215, Austin, Texas 78759	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 4
	Twp. 21S	Rge. 32E
	Is gas actually connected? No	When? ASAP

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded ---	Date Compl. Ready to Prod. 1-21-90	Total Depth		P.B.T.D. 7105'				
Elevations (DF, RKB, RT, GR, etc.) GR 3673, KB 3710	Name of Producing Formation Delaware	Top Oil/Gas Pay 6843'		Tubing Depth 6890'				
Perforations 6888 - 6843'			Depth Casing Shoe N/A					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2 7/8" J-55		6890'		--			

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 1-21-90	Date of Test 1-23-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 173 BTF	Oil - Bbls. 47 BO	Water - Bbls. 126 BW	Gas - MCF 64 MCF

GAS WELL

Actual Prod. Test - MCF/D ---	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puol, 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.

Signature James G. McClelland
Printed Name **James G. McClelland** Vice Pres.
Date **1-24-90** Telephone No. **622-1127**

OIL CONSERVATION DIVISION

JAN 29 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.