NEW MEXICO OIL CONSERVATION COMMISSION

WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Strata Production Company		Lease: NEW MEXICO FEDERAL "A"		Well No.: 2
Unit Letter: "G"	Section: 4	Township: 21-S	Range: 32-E	County: LEA
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the EAST line				
Ground Level Elev.: 3673	Producing Formation: DELAWARE	Pool: Hat Mesa DELAWARE		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

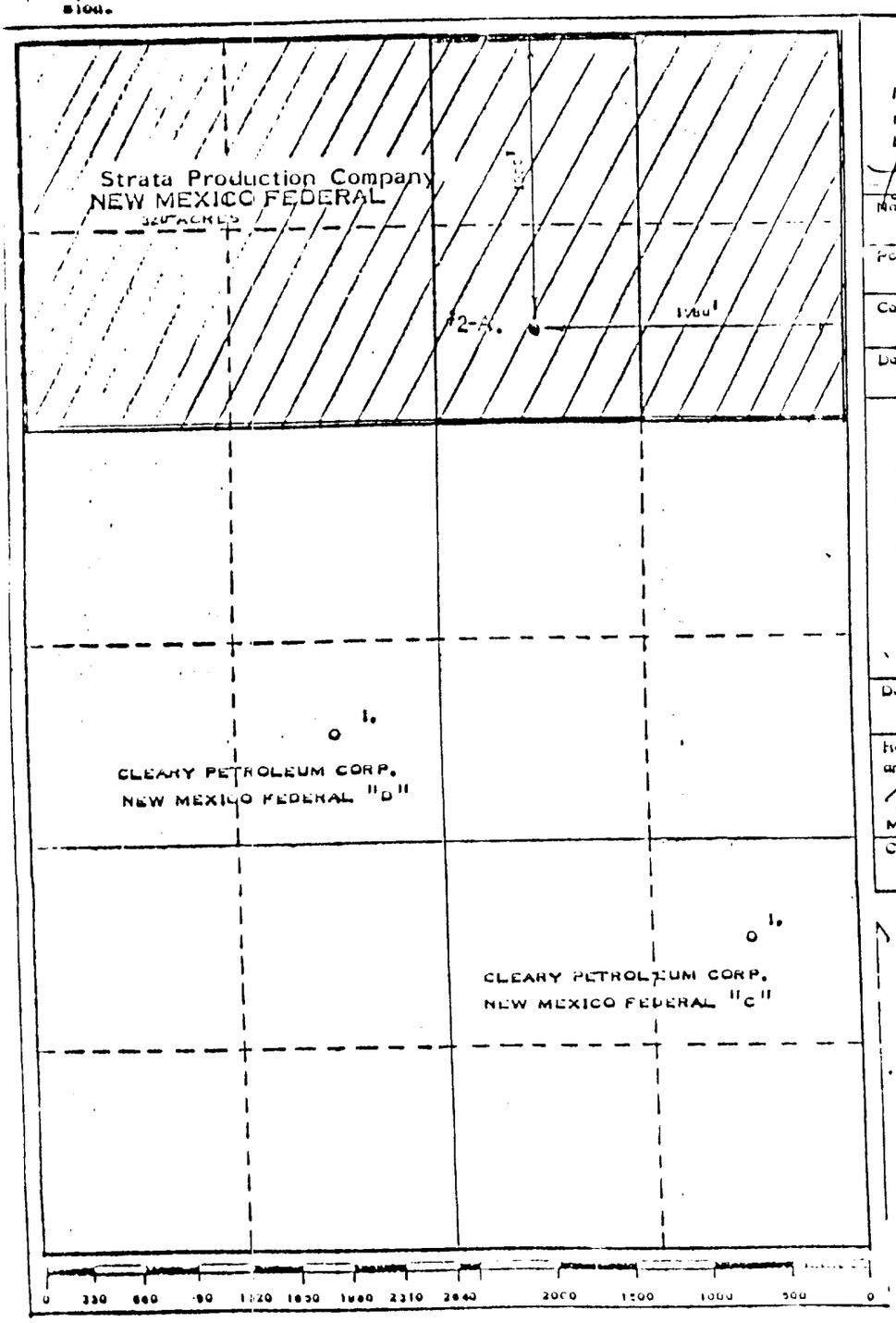
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, forced-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: Frank S. Morgan

Position: V.P. Production

Company: Strata Production Comp.

Date: 1/05/89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: OCTOBER 17, 1977

Registered Professional Engineer and/or Land Surveyor: MAX A. SCHUMANN JR.

Certificate No.: 1510

Form 3160-5
(November 1983)
(Formerly 9-331)

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

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
STRATA PRODUCTION COMPANY

8. FARM OR LEASE NAME
NEW MEXICO A FEDERAL

3. ADDRESS OF OPERATOR
648 PETROLEUM BUILDING ROSWELL, NEW MEXICO 88201

9. WELL NO.
#2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FNL & 1980' FEL SECTION 4

10. FIELD AND POOL, OR WILDCAT
HAT MESA BONE SPRING

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC.4, T21S, R32E

14. PERMIT NO. ~~22751~~
30-025-~~22751~~

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 3673', KB 3710'

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		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	X	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other) SQUEEZE CEMENT	X			(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 CIBP AT 9400' AND CEMENT WITH 35 SACKS CLASS "C".
2) PERFORATE AT 7500' AND ATTEMPT TO SQUEEZE, TIE CEMENT BACK INTO BOTTOM OF 9 5/8" AT 5192'.
3) RUN CEMENT BOND LOG TO ESTABLISH CEMENT TOP.
4) PERFORATE, ACIDIZE AND TEST DELAWARE FORMATION FROM 6900' - 6200'. WITH PERFS AS FOLLOWS:
   (A) 6880' - 6800' = 10 HOLES
   (B) 6730' - 6750' = 5 HOLES
   (C) 6575' - 6602' = 6 HOLES
   (D) 6622' - 6630' = 4 HOLES
   (E) 6426' - 6466' = 5 HOLES
   (F) 6290' - 6340' = 6 HOLES
5) PERFS WILL BE ACIDIZED WITH 1500 GALLONS OF 7½% NEFE.
6) FRACTURING EACH ZONE WILL CONSIST OF 16000 GALLONS GEL & CO2 & 28000# OF 12/20 OTTAWA. (IF TESTING WARRANTS FRACING)

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NOV 13 1989
O. C. D.
HOBBS, OFFICE

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

SIGNED ~~ED~~ James G. McClelland TITLE VICE PRESIDENT/ADMIN. DATE 11-08-89
JAMES G. McCLELLAND

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-21-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NEW EXICO OIL CONSERVATION COMMISSIC
WE LOCATION AND ACREAGE DEDICATI PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

Operator	Lease	Well No.
Strata Production Company	NEW MEXICO FEDERAL "A"	2

Unit Letter	Section	Township	Range	County
"G"	4	21-S	32-E	LEA

Actual Footage Location of Well:
1980 feet from the NORTH line and 1980 feet from the EAST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3673	Bone Spring	Hat Mesa Bone Spring	80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

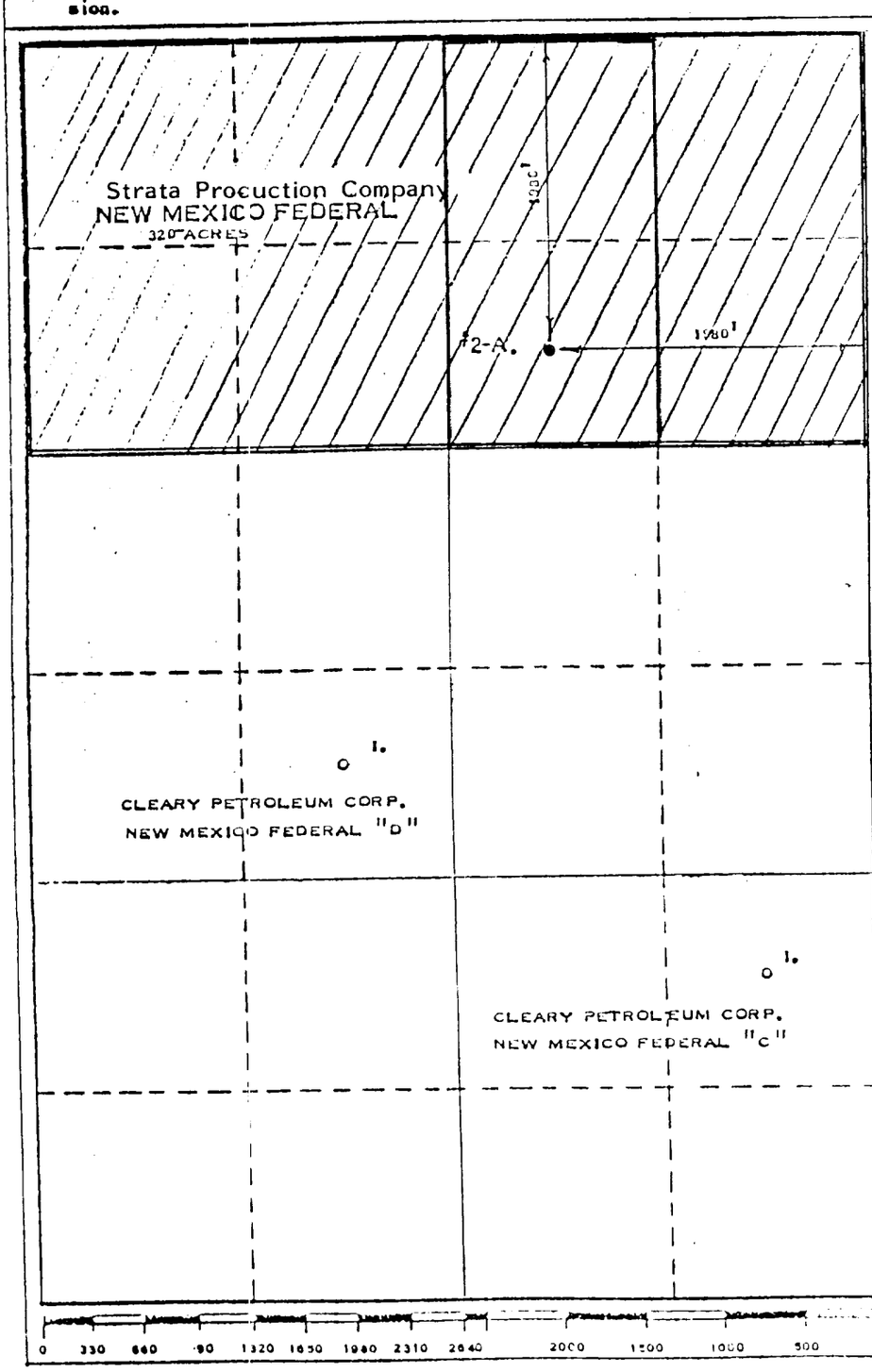
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, ha the interests of all owners been consolidated by communitization, unitization, forced-pooling. etc?

☐ Yes ☒ No If answer is "yes" type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actuall. been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: Frank S. Morgan

Position: V.P. Production

Company: Strata Production Comp.

Date: 1/05/89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: OCTOBER 17, 1977

Registered Professional Engineer and/or Land Surveyor: 1510
MAX A. SCHUMANN JR.

Certificate No. 1510

Form 9-330
(Rev. 5-63)

SUBMIT IN DUPLICATE* (See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED JAN 6 1989

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM 14791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: 35 NM 69

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other Recompletion

8. FARM OR LEASE NAME: New Mexico A Federal

2. NAME OF OPERATOR: Strata Production Company

9. WELL NO.: #2

3. ADDRESS OF OPERATOR: 648 Petroleum Building Roswell, NM 88201

10. FIELD AND POOL, OR WILDCAT: ~~South Salt Lake Morrow~~ Hat mesA Bone SPRING

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
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 4 T21S R32E

14. PERMIT NO.: 30-025-22751 DATE ISSUED:

12. COUNTY OR PARISH: Lea 13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10/26/88	11/17/88	12/1/88	3673' GR 3710' KB	3670'

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
14047'	9655'	---	→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
9475 - 9514 (16 holes) BONE SPRING

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Cement Bond Log

27. WAS WELL CORED: No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.5#	473'	17½	650 sx	---
9 5/8"	53.5#	5192'	12¼	1st st-1150 sx; DV tool set @ 3272'; 2nd - 2100 sx	
5 1/2"	17 & 20#	14047'	7 7/8"	675 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8"	9175'	9175'

31. PERFORATION RECORD (Interval, size and number)
9475 - 9514 (16 holes)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
9475 - 9514	Acidize with 2000 gal. 7½% NeFe. Frac via 3½" tubing with 7000 gal. of gelled 2% KCL water & 92,000#'s 20/40 sand & 16/30 Ottawa sand w/ additives.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut in)
11/29/88	Flowing	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/4/89	24	16/64		100	185	40	1850/1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
400	0		100	185	40	38

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 Frank A Morgan TITLE V.P. Production DATE 1/5/89

*(See Instructions and Spaces for Additional Data on Reverse Side)

SOS

INSTRUCTIONS

General: This form is designed for submitting a comple and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State la and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or re onal procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 2 and 33, below regarding separate reports for separate completions.
If not filed prior to the time this summary record is sub itted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.
Item 4: If there are no applicable State requirements, cations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.
Item 18: Indicate which elevation is used as referen here not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate duction from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) f any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, owing the additional data pertinent to such interval.
Item 29: *"Sacks Cement":* Attached supplemental re for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on thi f m for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTE NT
DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL O

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

PERIOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING
FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

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HOBBS OFFICE

GPO 782-829

STATE OF NEW MEXICO
NERGY AND MINERALS DEPARTMENT

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OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Strata Production Company

Address
648 Petroleum Building Roswell, NM 88201

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico A Federal	#2	Hat Mesa Bone Springs	~~XXX~~ Federal ~~XXX~~	NM 14791

Location
Unit Letter ~~Lot 7~~ G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 4 Township 21S Range 32E NMPM Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Navajo Refining Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 159 Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips ~~Petroleum~~ 66 Natl gas
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Odessa, TX 79762

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	Lot 7	4	21	32	No	ASAP

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

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 is true and complete to the best of my knowledge and belief.

(Signature)
V.P. Production
(Title)
1/5/89
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 09 1989, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104
Revised 10-0 -78
Format 06-01 83
Page 2

. COMPLETION DATA

Designate Type of Completion – (X)	Oil We	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. D[illegible]
	X					X	

ne Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		14,047	9700
evations (DF, RKB, RT, GR, etc.,) 3673 GL	Name of Producing Formation Bone Spring	Top Oil/Gas Pay	Tubing Depth 9414
rforations 9475 - 9514			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
see Original Completion			

TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL

e First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/29/88	1/4/89	Flowing	
gth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	400	0	16/64
ual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
140 bbls	100	40	185

S WELL

ual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MM[illegible]	Gravity of Condensate
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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JAN 6 1989

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