

DISTRICT I
 PO Box 1980, Hobbs, NM 88241-1980
 DISTRICT II
 811 South First, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410
 DISTRICT IV
 2049 South Pacheco, Santa Fe, NM 87505

STATE OF NEW MEXICO
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994
 Instructions on Back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|--|---|--|
| 1. Operator Name and Address Strata Production Company P. O. Box 1030 Roswell, New Mexico 88202-1030 | | 2. OGRID Number 021712 |
| | | 3. Reason for Filing Code CO Effective January 1, 1996 |
| 4. API Number 30-025-30833 | 5. Pool Name Hat Mesa Delaware | 6. Pool Code 30214 |
| 7. Property Code 010736 | 8. Property Name New Mexico A Federal | 9. Well Number #3 |

II. 10. Surface Location

| UL or Lot No. | Section | Township | Range | Lot Idn | Feet From The | North South Line | Feet From The | East/West Line | County |
|---------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|------------|
| C | 04 | 21S | 32E | | 660 | North | 2100 | West | Lea |

11. Bottom Hole Location

| UL or Lot No. | Section | Township | Range | Lot Idn | Feet From The | North South Line | Feet From The | East/West Line | County |
|--------------------------|---------------------------------------|-------------------------|-------|-------------------------|---------------|--------------------------|---------------|--------------------|--------|
| | | | | | | | | | |
| 12. Use Code F | 13. Producing Method Code P | 14. Gas Connection Date | | 15. C-129 Permit Number | | 16. C-129 Effective Date | | 17. C-129 Exp Date | |

III. Oil and Gas Transporters

| 18. Transporter OGRID | 19. Transporter Name and Address | 20. POD | 21. O/G | 22. POD ULSTR Location and Description |
|-----------------------|--|----------------|----------|--|
| 007440 | EOTT Energy Operating LP P. O. Box 4666 Houston, Texas 77210-4666 | 2448010 | O | F-04-21S-32E |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|---------|--|
| 23. POD | 24. POD ULSTR Location and Description |
|---------|--|

V. Well Completion Data

| | | | | |
|---------------|--------------------------|---------------|----------|------------------|
| 25. Spud Date | 26. Ready Date | 27. TD | 28. PBTD | 29. Perforations |
| 30. Hole Size | 31. Casing & Tubing size | 32. Depth Set | | 33. Sacks Cement |
| | | | | |
| | | | | |

VI. Well Test Data

| | | | | | |
|------------------|-----------------------|---------------|-----------------|-------------------|-------------------|
| 34. Date New Oil | 35. Gas Delivery Date | 36. Test Date | 37. Test Length | 38. Tbg. Pressure | 39. Csg. Pressure |
| 40. Choke Size | 41. Oil | 42. Water | 43. Gas | 44. AOF | 45. Test Method |

46. I hereby certify that the rules 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

Signature: *Carol J. Garcia* Approved By: _____
 Printed name: **Carol J. Garcia** Title: _____
 Title: **Production Records Manager** Approval Date: **JAN 31 1996**
 Date: **1/24/96** Phone: **505-622-1127**

47. If this is a change of operator fill in the OGRID number and name of the previous operator

| | | | |
|-----------------------------|--------------|-------|------|
| Previous Operator Signature | Printed Name | Title | Date |
|-----------------------------|--------------|-------|------|

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**

I.

| | |
|---|--|
| Operator Strata Production Company | Well API No. 30-025-30833 |
| Address P. O. Box 1030, Roswell, New Mexico 88202-1030 | |
| 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 in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |
| Change effective April 1, 1992 | |
| 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. 3 | Pool Name, Including Formation Hat Mesa Delaware | Kind of Lease State Federal <input checked="" type="checkbox"/> Other | Lease No. NM-14791 |
| Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2100</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>21 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> 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) | | | |
| Petro Source Partners, Ltd. | P. O. Box 1356, Dumas, TX 79029 | | | |
| 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) | | | |
| GPM Gas Corporation | 1010 Plaza Office Bldg., Bartlesville, | | | |
| If well produces oil or liquids, give location of tanks | Unit F | Sec. 4 | Twp. 21S | Rge. 32E |
| Is gas actually connected? | When? | OK 74004 10/25/91 | | |
| 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, RK9, RT, GR, e'c.) | 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
4/8/92
Date
505-622-1127
Telephone No.

OIL CONSERVATION DIVISION

APR 24 '92

Date Approved _____
By Carol J. Garcia
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.