

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.
NM-14791

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

NM-14791

6. INDIAN ALLIGEE OR CAPTAIN'S NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

New Mexico "A" Federal

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Hat Mesa Delaware

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

Section 4, T21S, R32E

12. COUNTY OR
PARISH

Lea

13. STATE

NM

14. DATE PROD.

3-15-90

15. DATE TO REACHED

4-7-90

16. DATE COME (Ready to prod.)

5-2-90

17. ELEVATION (OF HKB, RT, GB, ETC.)*

3651' GR

18. ELEV. CASINGHEAD

3653' CH.

19. TOTAL DEPTH, MD & TVD

7150'

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

-

21. IF MULTIPLE COMPLET.

HOW MANY*

22. INTERVAL
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

X

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

Delaware 6612 - 6722'

24. WAS DIRECTIONAL
SURVEY MADE

Yes, Totco

25. TYPE ELECTRIC AND OTHER LOGS RUN

CNL, Dual Laterolog

26. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1342'	12 1/4"	410 sx "Lite"&200sx "B"	-
5 1/2"	15.5 & 17#	7150'	7 7/8"	540 sx "Pozmix"	-
			Second stage	cmt thru D.V. Tool @ 4900' - 1900sx"Lit.	
				Circ. 280sx to SFC	

28. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

29. PERFORATION RECORD (Interval, size and number)

Delaware Interval; size .42 hole, 20 holes,
from 6612' to 6722'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6612 - 6722	Acidz w/2500 gals of 7 1/2% NEI Frac w/20,000 gals Gel & 55000# 20/40

31. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
5-2-90		Pumping					Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5-10-90	24	-	→	60	68	196	970	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24 HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
-	40#	→	-	-	-			

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

Vented

TEST WITNESSED BY

Frank Morgan

33. LIST OF ATTACHMENTS

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

SIGNED James A. Little TITLE Vice President

DATE 5-11-90

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

Information on formation, lithology, and structure of the area, and on the results of the tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH		TRUE DEPTH
					TOP	BOTTOM	
Delaware	6609	6625	Sandstone pay zone "A"	Triassic Red Beds and Anhydrite		Surface	
Delaware	6719	6723	Sandstone pay zone "B"	Salado		1360	
				Tansill		3153	
				Yates		3248	
				Capitan Reef		3560	
				Delaware		4775	

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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. 30-025-30833
Address 648 Petroleum Building Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☐ Other (Please explain) Recompletion ☐ Oil ☒ Dry Gas ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
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 or Fee	Lease No. NM 14791
Location Unit Letter C : 660' Feet From The North Line and 2100' Feet From The West Line Section 4 Township 21-S Range 32-E , NMPM, Dea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Enron Oil Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ New Mexico Operating - Hobbs, NM	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 4
	Twp. 21S	Rge. 32E
Is gas actually connected?		When? 10-5-89

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 ☐
Date Spudded 3-15-90	Date Compl. Ready to Prod. 5-2-90	Total Depth 7150'
Elevations (DF, RKB, RT, GR, etc.) 3651' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6612'
Perforations 6612' - 6722'		Tubing Depth 6538'
		Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8-5/8" 24#	DEPTH SET 1342'
7-7/8"	5 1/2" 17 & 15.5#	7150'
5 1/2"	2-7/8" TEG J-55	6538'

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 (prior, 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 VP-Administration
Printed Name
October 11, 1990 Title
505 622-1127
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.