			STATE OF NEW MEXICO F							
PO Box 1980, Hobbs, NM 88241-1980		Energy, Minerals & Natural Resources Department Revised February 10,								
DISTRICT II 811 South First, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd, Aztee, NM 87410 DISTRICT IV 2040 South Pacheco, Santa Fe, NM 875			204 Sai	40 South nta Fe, NI	M 87505	N	omit to Appropria	TUCIONS ON Back te District Office 5 Copies ED REPORT		
	Operator Name		VABLE /	and auth	IORIZATIO		NSPORT 2. OGRID Number			
Strata Produ P. O. Box 10 Roswell, Ne	030		1030		\leq		021712 ason for Filing Code ctive Januar	y 1, 1996		
4. API Number 30-025-30988	8		Hat	5. Pool Name Mesa Dela	aware		6. Pool 302			
7. Property Code				8. Property Name			9. Well Number			
010736 II. 10. Surface Lo	cation		New M	Mexico A	Federal		i	#4		
UL or Lot No. Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County		
к Н 04	21S	32E	$\left \begin{array}{c} c \\ c \\ \end{array}\right $	1980	North	660	East	Lea		
11. Bottom Ho			Lot Idn	Feet From The	North/South Line	E. J. E. J. T.	E (A)/ (I)			
UL or Lot No Section	Township	Range	Lot idn	reet from the	North/South Line	Feet From The	East/West Line	County		
12. Lse Code 13. Producing M		14. Gas Cor	nnection Date	15. C-129 Pe	rmit Number	16. C-129 E	ffective Date	17. C–129 Exp Date		
III. Oil and Gas Transporter	Orters 19. Transport	er Name		20. PC		21. O/G	22. POD ULST	P. Location		
OGRID 007440 EOTT En	and Ad	dress					and Desc			
P. O. Bo Houston,	x 4666	-	36	2804	4484	0	H-04-2	1S-32E		
IV. Produced Water 23. POD					24. POD ULSTR 1	Location and Desc	ription			
23. POD V. Well Completion Dat				···						
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UNE 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND AMANGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals SUBMIT IN TRIPLICATE 2 When the			CONS. COMMISSION
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Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 DISTRICT 1		als and Nat		w Mexico ral Resources Department TION DIVISION			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. B	ox 2088						
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR A		exico 8750 BLE AND		ZATION				
I.	TO TRANSP				AS				
Operator Strata Producti	on Company					API No.	0.0		
Address						-025-309	00		
P. O. Box 1030, Reason(s) for Filing (Check proper box) New Well Recompletion	Roswell, New Change in Transp Oil X Dry C	porter of:	Oth	<u>)2-1030</u> er (Please explo ge effect	•	il 1, 199	2		
Change in Operator	Casinghead Gas X Conde						······		
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name New Mexico Fede Location	ral Well No. Pool I 4 Ha		ing Formation a Delaw	are		of Lease Federal of Rey	Lease No. NM-14791		
Unit LetterH	_ :1980 Feet I	rom The <u>N</u>	orth Lin	e and <u>600</u>	<u>+666</u> Fe	et From The	astLine		
Section 4 Townshi	p 21 South Range	<u>32 E</u>	ast ,N	MPM,	Lea	1	County		
II. DESIGNATION OF TRAN Name of Authonized Transporter of Oil	SPORTER OF OIL AN	<u>ID NATU</u>		e address to wi	uch approved	copy of this form	is to be sent)		
Petro Source Pa Name of Authonized Transporter of Casing GPM Gas Corpora	rtners, Ltd. ghead Gas X or Dry	y Gas	P.O. Address (Giv	Box 1	356 <u>D</u> ı iich approved	umas, TX copy of this form	79029		
lf well produces oil or liquids, jve location of tanks.		S 32E	ls gas actuall Y e	y connected? S		When? OK 74004 10/25/91			
this production is commingled with that a V. COMPLETION DATA									
Designate Type of Completion		Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		•	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formatio	n	Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u>I</u> ,			<u></u>		Depth Casing S	ihoe		
	TUBING, CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES			J			L			
)IL WELL (Test must be after ri Date First New Oil Run To Tank	ecovery of total volume of load Date of Test	oil and must		exceed top allo thod (Flow, pu			full 24 hours.)		
					,				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	1					·			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Conservation that the information given abov		(DIL CON	ISERV.	ATION D			
is true and complete to the best of my h	mowledge and belief.		Date	Approve	ng. Signe	APR 2	3 4 '92		
Signature	n icia		By_		Paul Kau Geologi	ıtz			
Carol J. Garcia Printed Name	, Production / Tide	inalys	1.1						
4/8/92									

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¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office <u>PISTRICT 1</u> P.O. Bux 1980, Hobbs, NM 88240

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

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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWARI F AND ALTHORIZATION

I. Operatur	ТО	TRANS	SPORT OIL	AND NA	TURAL G	AS					
•						Well	Well API No.				
Strata Production Company					30-025-30988						
648 Petroleum Bu	swell, New Mexico 88201										
Reason(s) for Filing (Check proper box				Out	er (Please emp	lan)	flare casir				
New Well KX	Cha	nge in Tra	asporter of:			rozuval su Franciji za	nare casir	ignead s	as from		
	Oil	🗌 Dr	y Gas 🗌				H must be obtained from the				
Change in Operator	Casinghead Ga	s 🗌 Co	ndensate 📋					ensen (ra	-141		
I change of operator give name and address of previous operator									·		
I. DESCRIPTION OF WEL											
Lease Name	Wel		ol Name, Includ	ing Exercise			of Lease				
New Mexico Feder	al 4	A 1	lat Mesa				Federal on Free	-	Lesse No. NM 14791		
Location				******					14791		
Unit Letter H		' Fe	et From The N	orth L	e and 6	60' E	eet From The _	East	Line		
Section 4 Town	uship 21-S		ange 32-1	D		Lea			L10C		
					мрм,	Lea			County		
III. DESIGNATION OF TRA Name of Authonized Transporter of Oi	ANSPORTER O	F OIL	AND NATU	RAL GAS							
	44	Condensate		Address (Gi	re address to m	hick approved	l copy of this for	rm is 10 be s	INI)		
Enron Oil Tradin Name of Authonized Transporter of Ca	ing <u>& Trans</u>		Dry Gas	<u>P.0.</u>	<u>Box 118</u>	88, Hou	iston, 1	<u> </u>	251-118		
N/A				Address (Gi	m achtress io n	hich approved	copy of this for	rm is to be s	ini)		
If well produces oil or liquids, pive location of tanks.	Unit Sec.	•		ls gas actual	y connected?	When	2		·		
	<u> H H I </u>	4 2	1S 32E	l no			gotiatir	ng w/P	hillips		
t this production is commingled with the V. COMPLETION DATA	at from any other lea	use or pool	i, give comming	ling order num	ber:						
Designate Type of Completion		l Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spukided	Date Compl. Re	X	1	X	İ	<u> </u>					
9-12-90	10-19		x 1.	Total Depth	1000		P.B T.D.		-*		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc		100	Top Oil/Gas	230'						
3681'	Delaw	-	400	7162'			Tubing Depth 7200				
Perforations				ł			Depth Casing				
7162-67', 7168-							723				
HOLE SIZE		ING, CA	SING AND	CEMENTI							
1211		5/8"	IG SIZE	DEPTH SET			SACKS CEMENT 400sx "Lite" & 200s				
	0-1	5/0			10.		400sx '	'Lite"	& 200s		
7-7/8"	51'		·	77	230'			Poz	<u>& 1385s</u>		
				7230			<u>390sx "Poz" & 1385s</u> "C"				
. TEST DATA AND REQU											
Dute First New Oil Run To Tank	r recovery of total vo	sume of ic	bad oil and must	be equal to or	exceed top all	owable for thi	s depih or be fo	r full 24 hou	rs.)		
10-19-90		-22-9	0	Froducing M	ethod (Flow, p pump	ump, gas lift, i	nc.)				
Length of Test	Tubing Pressure			Casing Press			Choke Size				
24 hrs.							-				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
164 BTF	81	<u> </u>			83			67			
GAS WELL											
Actual Prod. Test - MCF/D	Leagth of Test			Bbls. Conder	MMCF		Gravity of Co	adensale			
esting Method (puol, back pr.)	Tubing Pressure	(Shut-in)		Casing Press	ure (Shut in)		Choke Size				
					÷						
VI. OPERATOR CERTIF	CATE OF CC	OMPLI	ANCE				· · · · · · · · · · · · · · · · · · ·				
I hereby certify that the rules and re Division have been complied with a	gulations of the Oil C	Onservauo	D Q			VSEHV	ATION E	VISIC	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved							
	\hat{D}			Date	Approve	d	TUT a	1000			
tames 6. M.	Cella.										
Signature				Ву_	(. 1	in the second		en sento	2]		
James G. McClella Protect Name	and Vice		ident				1.1	1.2	_ <u>.</u>		
October 23, 1990	505 62	ті. 22–11		Title		· · · · · ·					
Date	000_02	Telepho									
				11							

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.

RECEIVED

OCT 2 4 1990

OCO HOBSS OFFICE