

DISTRICT I
PO Box 1980, Hobbs, NM 88241-1980

STATE OF NEW MEXICO
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994

DISTRICT II
811 South First, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410
DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Instructions on Back
Submit to Appropriate District Office
5 Copies
___ 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 30-025-30988	5. Pool Name Hat Mesa Delaware	6. Pool Code 30214
7. Property Code 010736	8. Property Name New Mexico A Federal	9. Well Number #4

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
H	04	21S	32E		1980	North	660	East	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. Lse 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	2804484	O	H-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. PBTID	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 1995
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

Form 3160-5
(JUNE 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND AMANGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

1. Type of Well
Oil ☐ Gas ☐ Well ☐ Well ☒ Other ☐ Temporarily Abandoned

2. Name of Operator
STRATA PRODUCTION COMPANY

3. Address and Telephone No. P.O. Box 1030
Roswell, New Mexico 88202-1030 505-622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 660' FEL
Section 4-21S-32E

5. Lease Designation and Serial No.
NM-14791

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
New Mexico Federal #4

9. API Well No.
30-025-30988

10. Field and Pool, or Exploratory Area
Hat Mesa Delaware

11. County or Parish, State
Lea County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. 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.)*

Due to non-economical and operational conditions, the following was completed to Temporarily Abandon the well.
The well has future potential as an injection well.

09/26/95: MIRU pulling unit. TOH and warehouse rods.

09/27/95: TOH and LD tubing. Flange up BOP. RD wellhead. RDMO. Well status is Temporarily Abandoned.

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

Signed *Carol J. Garcia*

Title Production Records Manager

Date 11/6/95

(This space for Federal or State office use)

Approved by

Title

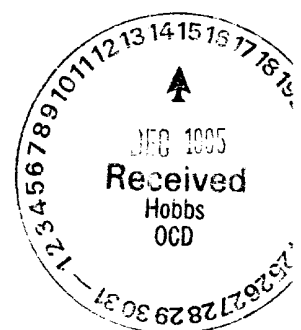
Date

JAN 31 1996

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

* See Instruction on Revers Side



Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Strata Production Company		Well API No. 30-025-30988
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 effective April 1, 1992
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Federal	Well No. 4	Pool Name, Including Formation Hat Mesa Delaware	Kind of Lease State, Federal or Foreign	Lease No. NM-14791
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>600-666</u> Feet From The <u>East</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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356, Dumas, TX 79029			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 1010 Plaza Office Bldg., Bartlesville,			
If well produces oil or liquids, give location of tanks.	Unit H	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, RKB, RT, GR, etc.)	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

Date Approved APR 24 '92

By Paul Kautz
Original Signed by
Geologist

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.

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. 30-025-30988
Address 648 Petroleum Building Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input 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"/>		
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico Federal	Well No. 4	Pool Name, Including Formation Hat Mesa Delaware	Kind of Lease State, Federal or Free	Lease No. NM 14791
Location Unit Letter <u>H</u> : <u>1980'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>21-S</u> Range <u>32-E</u> , 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"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 H	Sec. 4	Twp. 21S	Rge. 32E	Is gas actually connected? no	When? negotiating w/Phillips66
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
	X		X					
Date Spudded 9-12-90	Date Compl. Ready to Prod. 10-19-90		Total Depth 7230'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3681'	Name of Producing Formation Delaware		Top Oil/Gas Pay 7162'		Tubing Depth 7200'			
Perforations 7162-67', 7168-71', 7183-85', 7188-92'					Depth Casing Shoe 7230'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		1370'		400sx "Lite" & 200sx			
					"C"			
7-7/8"	5 1/2"		7230'		390sx "Poz" & 1385sx			
					"C"			

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 10-19-90	Date of Test 10-22-90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 164 BTF	Oil - Bbls. 81	Water - Bbls. 83	Gas - MCF 67

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.

Signature
James G. McClelland Vice President
Printed Name
October 23, 1990 505 622-1127
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved October 23, 1990
By James G. McClelland
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.

RECEIVED

OCT 24 1990

OOD
HOBBS OFFICE