

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-14791
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Strata Production Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 648 Petroleum Building, Roswell, N.M. 88201		8. FARM OR LEASE NAME New Mexico Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 330' FNL & 860' FWL At proposed prod. zone Same		9. WELL NO. 5
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 30 Miles West of Hobbs New Mexico		10. FIELD AND POOL, OR WILDCAT Hat Mesa Delaware
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 330'	16. NO. OF ACRES IN LEASE 320	17. NO. OF ACRES ASSIGNED TO THIS WELL 40
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1300' apx	19. PROPOSED DEPTH 7150	20. ROTARY OR CABLE TOOLS Rotary
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3646 gl		22. APPROX. DATE WORK WILL START* Jan. 10, 1991

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24#	1300'	800 sx to circulate
7 7/8"	5 1/2"	15.5 & 17#	TD	400 sx

A. Will drill to a depth sufficient to test the Delaware Formation.

B. Mud Program: 0-1300': Native mud.
1300-ID: Cut Brin with starch for W.L. Control and Caustic for Ph control (10-11). Before drilling into Delaware, Lower W.L. To ± 10 cc and raise vis to 35-40 with salt gel and flocele. Raise chlorides above 125,000 ppm. Mud program may be altered as conditions dictate.

C. BOP will be installed. See exhibit "D"

D. Logs to be run: CNL-Density, MLLDLL, MSFL

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNER James G. McCall TITLE Vice President DATE 12/26/90
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 1/24/91

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO

REQUIREMENTS AND
STIPULATIONS

*See Instructions On Reverse Side

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

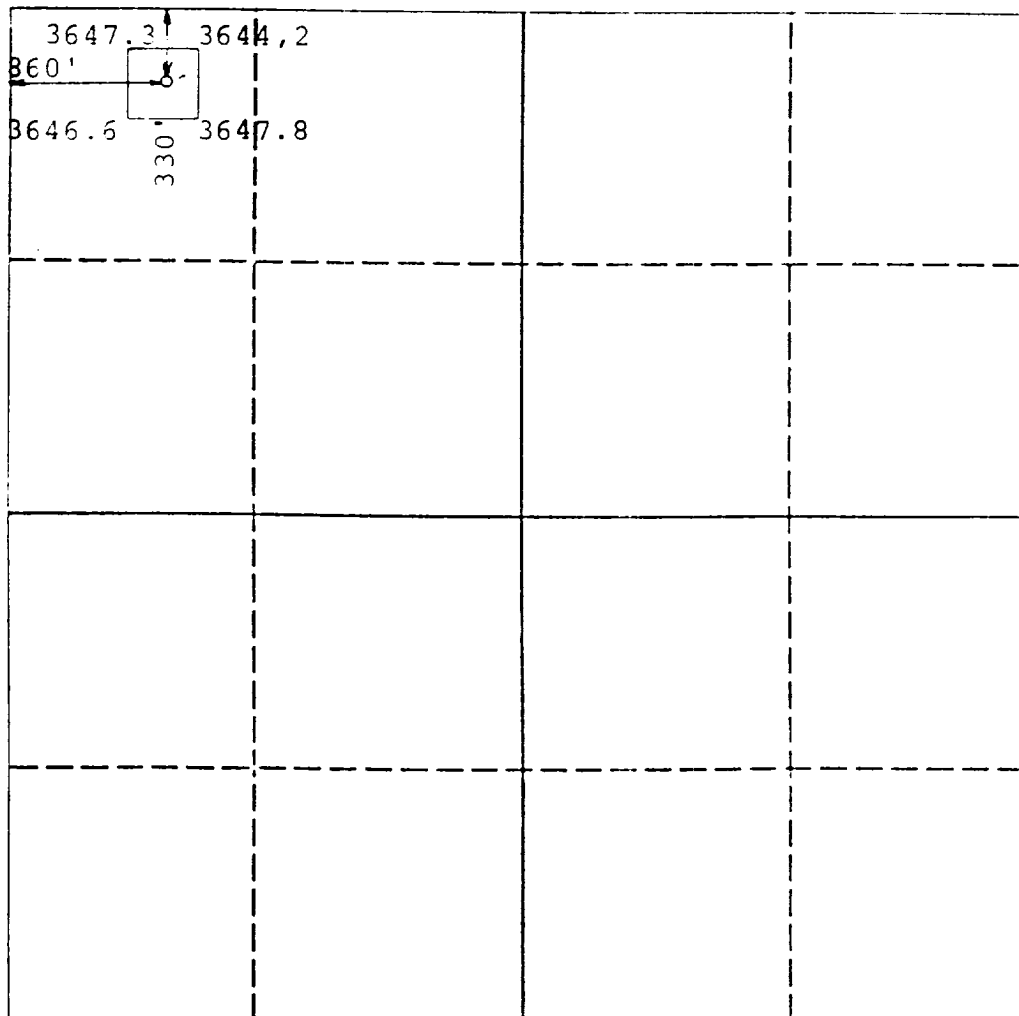
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Strata Production Company			Lease New Mexico Federal		Well No. 5
Unit Letter D	Section 4	Township 21 South	Range 32 East	County Lea	
Actual Footage Location of Well: 330 feet from the North line and 860 feet from the West line					
Ground level Elev. 3546	Producing Formation DELAWARE		Pool HAT MESA DELAWARE	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

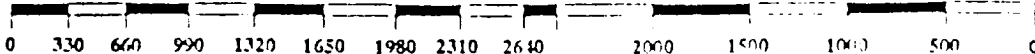
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *James G. McClelland*
Printed Name **JAMES G. McClelland**
Position **Vice President**
Company **STRATA PRODUCTION CO.**
Date **11-27-90**

SURVEYOR CERTIFICATION

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 **November 27, 1990**
Signature & Seal of Professional Surveyor *P. R. Patton*
Certificate No. **8112**



BLOWOUT PREVENTER SPECIFICATION

