

COMMISSION

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

RECEIVED

NM Roswell District

Modified Form No.

NM60-3160-4

LEASE DESIGNATION AND SERIAL NO.

NM-19246

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

AUG 29 '94

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Strata Production Company

3a. Area Code & Phone No.

505-622-1127

7. UNIT AGREEMENT NAME

O. C. D.

8. FARM OR LEASE NAME

Nash Draw Unit

3. ADDRESS OF OPERATOR

P. O. Box 1030, Roswell, New Mexico 88202-1030

9. WELL NO.

#9

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

860' FNL & 2210' FEL

10. FIELD AND POOL, OR WILDCAT

Nash Draw Cherry Canyon

11. SEC., T., R., E., OR NE. AND SURVEY OR AREA

Section 13-23S-29E

14. PERMIT NO.

30-015-26991

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

.2994' GR

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

Vent Gas

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)*

Strata Production Company requests approval to vent gas for an additional 45 days or until December 1, 1992 to allow time to finalize negotiations with gas purchaser.

Anticipated gas volume is approximately 89 MCFPD.

APPROVED FOR 1 MONTH PERIOD

ENDING 12/1/92

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

SIGNED

Carol J. Garcia

TITLE

Production Supervisor

DATE

10/26/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11/6/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side