

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL (don't use)
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ON
DRAWER DD
Alamosa, NM 88210

CONTACT RECEIVING
OFFICE FOR NUMBER

BHM Roswell District
Modified Form No.
NM60-3160-4

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

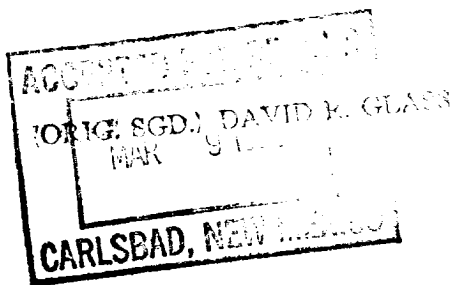
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505-622-1127		3. LEASE DESIGNATION AND SERIAL NO. NM-0556859-A	
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030				7. UNIT AGREEMENT NAME Nash Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2315' FSL & 1746" FWL				8. FARM OR LEASE NAME Nash Unit	
				9. WELL NO. #13	
				10. FIELD AND POOL, OR WILDCAT Nash Draw Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12-23S-29E	
14. PERMIT NO. 30-015-27316		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2976' GL		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Run 8 5/8" casing and cement	
(Other) <input type="checkbox"/>		(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.) *

02/18/93: Ran 71 joints 8 5/8" 32# J55 casing. Cemented at 3010' with 1175 sacks Halliburton Lite with 10# salt and 1/4# Flocele per sack. Tail in with 200 sacks Class "C" with 5# salt per sack. Circulated 250 sacks cement to pit. Plug down at 5:30 AM on 2/18/93. WOC. NU BOP and test to 1000#. Held OK.



MAR 5 11 45 AM '93
CARLSBAD AREA

RECEIVED

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

SIGNED <u>Carol J. Garcia</u>	TITLE <u>Production Supervisor</u>	DATE <u>3/4/93</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side