

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

2. Name of Operator

STRATA PRODUCTION COMPANY

3. Address and Telephone No.

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 990' FWL
Section 13-23S-29E

5. Lease Designation and Serial No.

NM-0556859

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Nash Unit

8. Well Name and No.

Nash Unit #23

9. API Well No.

30-015-28272

10. Field and Pool, or Exploratory Area

Nash Draw Brushy Canyon Delaware

11. County or Parish, State

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

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

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.)

07/08/96: MIRU. Flow down and kill well. TOH with tubing. TIH with production string. RU wellhead. SD.

07/09/96: TIH with pump and rods. Set MJ at 6919', SN at 6879' and TA at 6405'. Seated pump. Respaced rods. WO pumping unit. RD. SD.

07/10/96: Set pumping unit. SD.

07/11/96: Connected electricity. Started pumping unit. Rods stacked out. RU pulling unit. TOH with pump and rods. SD.

07/12/96: TIH with pump and rods. Seated pump, respaced rods and hung on. Started pumping unit. Well placed on production.

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

Signed Carol J. Garcia

Title Production Records Manager

Date 8/2/96

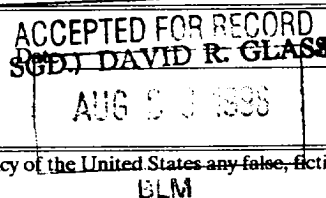
(This space for Federal or State office use)

Approved by _____

Title _____

Conditions of approval, if any:

(ORIG. SD)



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 statements or representations as to any matter within its jurisdiction.

* See Instruction or Reverse Side