

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED

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.)

NOV 1 11 15 PM '91
CARLSON SOURCE
AREA HEADQUARTERS

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-77058
2. NAME OF OPERATOR STRATA PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 648 PETROLEUM BUILDING, ROSWELL, NM 88201		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL & 1980' FNL		8. FARM OR LEASE NAME CERCION FEDERAL
14. PERMIT NO. API #30-025-31415		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3689' GR		10. FIELD AND POOL, OR WILDCAT WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21, 22S, 32E
		12. COUNTY OR PARISH LEA
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud & set surface csg <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.)*

10/30/91: Spud 17 1/2" hole @ 3:15 PM 10/29/91
Drill to depth of 600'; ran 15 jts (619') 13 3/8" 54.5# J-55 csg.
Cemented @ 600' w/ 300 sx Hal"Lite", 1/4# Flo Seal w/ 2% CaCl, 200 sx
Class "C" w/ 2% CaCl, circ 135 sx to surface. PD @ 5:30 PM 10/30/91.

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

SIGNED Regina Finley TITLE Production Analyst DATE 10/31/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side