

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMNM85939

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
COLIBRI FEDERAL 25H9. API Well No.  
30-025-4218210. Field and Pool, or Exploratory  
DIAMONDTAIL; BONE SPRINGS11. County or Parish, and State  
LEA COUNTY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

STRATA PRODUCTION COMPANY

Contact: GRACE CHARBONEAU

E-Mail: GRACE@STRATANM.COM

3a. Address

PO BOX 1030  
ROSWELL, NM 88202

3b. Phone No. (include area code)

Ph: 575-622-1127 Ext: 20  
Fx: 575-623-3533

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

Sec 10 T23S R32E Mer NMP 327FNL 1779FWL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☒
- Notice of Intent
- 
- ☐
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

WE ARE REQUESTING THE FOLLOWING:

1. AN EXTENSION ON THE APD FOR AN ADDITIONAL TWO (2) YEARS. (SEE ATTACHED ORIGINAL APPROVED APD.)

APPROVED FOR 24 MONTH PERIOD  
ENDING 10-7-2018

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

Electronic Submission #352026 verified by the BLM Well Information System  
For STRATA PRODUCTION COMPANY, sent to the Hobbs  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/30/2016 ()

Name (Printed/Typed) PAUL RAGSDALE

Title OPERATIONS MANAGER

Signature (Electronic Submission)

Date 09/21/2016

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

J. D. W. Littlelock Jr.

Title

7LPET

Date

10/13/16

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office CFO

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*