

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-041-00266

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
LG-8803

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Strata Production Company

3. Address of Operator
648 Petroleum Building Roswell, NM 88201

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line
Section 16 Township 7S Range 37E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4065' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Swab Testing Well</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1.) MIRU Pedco Swabbing Unit (1-25-91). Commence Swabbing, IFL 2000' FS. Recovered some burnable gas ahead of first 25 swab runs. FFL 6200'FS. Took water sample & SD. RDMO Pedco.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James G. McClelland TITLE Vice President DATE 1-31-91

TYPE OR PRINT NAME James G. McClelland TELEPHONE NO. 622-11

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: