

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRE
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.

NM60-3160-4

COMMISSION REGISTRATION AND SERIAL NO.

NM-77058

N. M. OIL CONS.

P. O. BOX 1980

HOBBS, NEW MEXICO

8. IF INDIAN RESERVE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. 505-622-1127	8. FARM OR LEASE NAME Cercion Federal
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 330' FEL		9. WELL NO. #5	
14. PERMIT NO. 30-025-31849		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3695' GR	
		10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware East	11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Section 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:		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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

17. DESCRIBE PROMISED 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.)*
- 4/14/93 MIRU pulling unit. TOH with tubing, rods and pump. Perf (5) .42 holes from 7240'-7242'. Acidize with 500 gallons 7½% NEFE.
 - 4/15/93 Frac via 2 7/8" tubing with 13300 gallons 40# Linear gel and 20000# 16/30 RC-DC. Swab test.
 - 4/16/93 RU Schlumberger. Run tracer from 7101'-7285' for evaluation.
 - 4/17/93 TIH with production string. Space well out. Hang well on pump. Well placed on production.

David R. Glass

RECEIVED
MAY 24 9 54 AM '93
CAREY AREA

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

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 5/21/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 18 1993

OCD HOBBS
OFFICE