

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
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 505-622-1127**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**S.L. 10' FSL & 175' FWL - Section 12-23S-29E
B.H.L. 2650' FSL & 2250' FWL Section 11-23S-29E**

5. Lease Designation and Serial No.
NM-0554221

6. If Indian, Allottee or Tribe Name

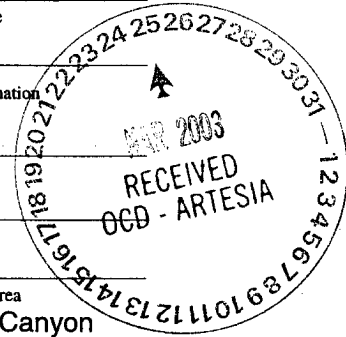
7. If Unit or CA, Agreement Designation
Nash Unit

8. Well Name and No.
Nash Unit #33

9. API Well No.
30-015-32476

10. Field and Pool, or Exploratory Area
Nash Draw Brushy Canyon

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 checked="" 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 INSTALL GAS LIFT SYSTEM	<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.)*

02/27/03: Flow well down. NUBOP. TIH w/retrievable tool. Tag top of sand at 6569'. Circ down to RBP. TOH. TIH w/retrievable tool. Latch on to RBP at 6800'. TOH. TIH w/pkr and gas lift system. Set pkr at 6645'. NDBOP. Flange up wellhead. SISD.

02/28/03: Open well up to battery on 1/2" choke. Flowing.

03/08/03: Flow well down. RU swab. Swab. SISD.

03/09/03: Flow well down. Prep to run gas lift system.

03/10/03: Flow well down. TOH w/tools. PU & GIH w/gas lift system. NDBOP. NU wellhead. Start compressor. Flowing to battery.

ACCEPTED FOR RECORD

MAR 24 2003

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

Producing bottom hole pressure test performed on 3/15/03 indicates approximately 2000# of hydrostatic pressure on formation. Either top gas lift valve stuck open or tubing/collar leak possible at approximately 2900' below surface. Unable to rig up pulling unit 3/17/03 and 3/18/03 due to strong gusty winds. Plan to rig up evening of 3/18/03 or very early morning of 3/19/03.

03/19/03: Compressor down 24 hrs. Killed well. Release pkr. TOH w/tbg. Gas lift Valves did not show up. SISD.

03/20/03: Flow well down. WO valves. TIH w/tbg. Test to 5000#. Test okay. Found no hole. Set pkr at 6454'. NU wellhead. RU swab. Swab to tank battery. Kick well off. Well flowing.

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

Signed Kenneth Britte Title Production Records Date 03/21/03

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: