

Oil Cons.
UNITED STATES N.M. DIV-Dist. 2
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
1501 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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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)
**Section 23-20S-28E
990' FNL & 1980' FEL**

5. Lease Designation and Serial No.
NM-18293

6. If Indian, Allottee or Tribe Name

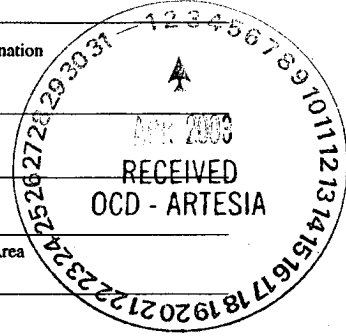
7. If Unit or CA, Agreement Designation

8. Well Name and No.
Oxy Federal #1

9. API Well No.
30-015-32592

10. Field and Pool, or Exploratory Area
Scanlon Delaware

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 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 Cmt 1- 4 Stages	<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.)*

03/22/03: TD 2704'. WOC. Prep to run 1" tbg to circ cmt. Ran 61 jnts 2704.85', 8 5/8". Cmted @ 2704'. Cmted 1st stage w/275 Sx, 35/65 Poz "C", w/15# Sx D-44, 1/4#/Sx D-29, 2% D-46, 6% D-20. 200 Sx Class "C" w/2% D-44. Did not circ. Cmted 2nd Stage w/850 Sx 35/65 Poz "C", w/15# Sx D-4 1/4# Sx D-29, 2% D-46, 6% D-20, 100 Sx Class "C" w/2% D-44. Did not circ. Cmted 3rd stage w/185 Sx Class "C" w/2% D-44. Did not circ. Fluid Caliper on 2nd stage, 475% hole volume. DV Tool & 2 cmt baskets at 1100'. Temp Survey TOC @ 350-385'. Prep to pump 4th stage.

03/23/03: TD 2779'. Cmted 4th stage w/85 Sx Class "C" w/2% CaCl. Circ 22 Sx. 1" cmt to surface. Test BOP, Choke, Annular to 2000 PSI. Test okay. Drill out shoe. Lost returns @ 2710'. Mix Pill, returns back. Mud logger on location and logging.

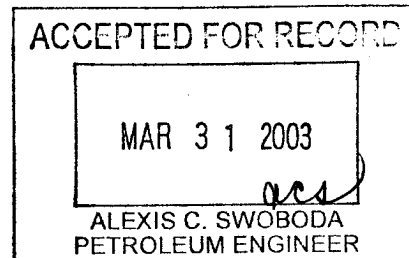
03/24/03: TD 3870'. Drilling.

03/25/03: TD 4881'. Drilling.

03/26/03: TD 5350'. Drilling.

03/27/03: TD 5730'. Drilling.

03/28/03: TD 6136'. Drilling.



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

Signed *Kevin M. Britt* Title Production Records Date 03/28/03

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: