

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135

*clsp*

Oil Cons.  
N.M. Div-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

**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

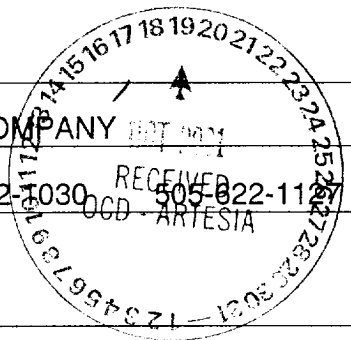
**SUBMIT IN TRIPLICATE**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
**STRATA PRODUCTION COMPANY**

3. Address and Telephone No.  
 P. O. Box 1030  
 Roswell, New Mexico 88202-1030

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 990' FNL & 330' FWL  
 Section 25-20S-28E



5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**Lee Federal #9**

9. API Well No.  
**30-015-31451**

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

**Completion Procedure**  
 (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.)\*

- R.U. comp unit, ND wellhead and install B.O.P. Set two 500 barrel frac tanks and load one tank w/treated 2% KCL wtr w/1 gal per 1,000 gal surfactant.**
- Load csg w/treated wtr and P.O.H. w/rods, pump and 2 7/8" tbg.**
- Brushy Canyon "J" and "K" Zones Completion: RU Schlumberger and perforate 5210, 14, 19, 20, 24, 26, 28, 29, 30, 31, 36, 37, 38, 39, 69, 70, 83, 84, 89, 90, 91, 92, 97, 5302, 06, 07 and 08, 27 holes, .42" diameter, csg gun.**
- T.I.H. w/5 1/2" pkr and RBP, set RBP at +/-5360' and test to 2,000 psi. Spot 100 gal of 7 1/2% NeFe acid across perfs 5210-5308'. P.O.H. and set pkr at +/-5150'. Breakdown and establish a rate into formation. Open bypass, spot acid to end of tbg. Acidize w/3,000 gal 7 1/2% NeFe acid w/56 7/8" RCN ball sealers in first 2500 gal, 1 ball sealer per bbl. Rate 3 BPM, ballout at 1,000 psi above pump-in press. Max press 5,000 psi. Rel ball sealers and displace acid. Flow back or swab tbg volume to recover load and test. Evaluate for a frac treatment.**
- Swab of flow to recover load and test. Evaluate for a frac treatment.**
- If warranted, frac the "J" & "K" zones, dwn csg w/34,000 gal of 60 quality CO2 foam carrying 32,000# of 20/40 Jordan sand & 12,000# of 20/40 CR resin coated sand. Treating rate dwn csg will be 25 BMP w/anticipated WHTP of 2,000 psi & max press 3,000 psi. Flush w/csg vol, approx displacement vol to perfs is 121 bbbls, do not overflush. Treatment sched: 15,000 gal WF-140 60Q CO2, PAD. 5,000 gal at 1 PPG 20/40 Jordan Sand, 6,000 gal at 2 PPG 20/40 Jordan Sand, 5,000 gal at 3 PPG 20/40 Jordan Sand, 3,000 gal at 4 PPG 20/40 CR Sand, 5,087 gal flush.**
- Open well and flow back until dies. Swab or flow to recover load and test. Put on production to recover load and test.**

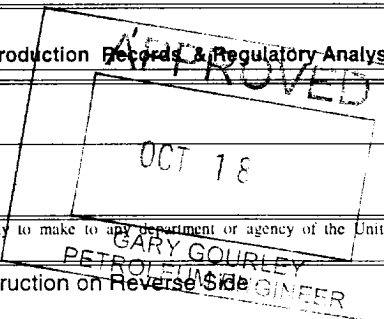
14. I hereby certify that the foregoing is true and correct

Signed *[Signature]* Title Production Records & Regulatory Analyst Date 9-27-01

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:



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