

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

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

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 (505)622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1230' FNL & 1350' FWL
 SECTION 18-23S-30E

5. Lease Designation and Serial No.
 NM-0556857

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NASH UNIT

8. Well Name and No.

NASH UNIT #20

9. API Well No.

30-015-27877

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

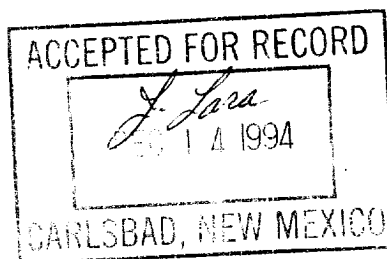
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other PUT ON PUMP
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

7/25/94: MI RU completion unit.

7/26/94: RU X-L. Pump 30 bbls 2% KCL. TIH with bull plugged MJ, 4' perf sub and SN. Set TA at 6720'. Flange up wellhead. PU and TIH with 2 1/2" X 1 1/2" X 22' pump and rods. Space out well. Check pump action. Put on pump. RD. Well placed on production.



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

Signed Carol J. Garcia

Title PRODUCTION RECORDS MANAGER

Date 11/21/94

(This space for Federal or State office use)

Approved by _____
 Conditions of approval, if any:

Title _____

Date _____