

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-27805

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Paisano Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
East Livingston Ridge
Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 15, T22S, R32E

12. COUNTY OR PARISH 13. STATE
Lea NM

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

STRATA PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

POST OFFICE BOX 1030, ROSWELL, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

2310' FNL & 1650' FWL

14. PERMIT NO.

30-025-31615

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3758' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) run intermediate casing

REPAIRING WELL

ALTERING CASING

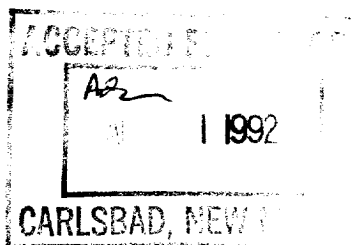
ABANDONMENT*

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

17. 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.)*

8/3/92: Drill to 4500'. Ran 66 jts (2495') 32# & 46 jts (2013') 24#, 8 5/8" J-55 csg (112 total joints for a total of 4508'). Cemented @ 4500' w/1500 sx Hal "Lite", 15#/sx salt, 1/4#/sx Flocele. Tailend w/200 sx Class "C" 2# CaCl, circ 150 sx to pit. PD @ 6:00 PM 07/31/92. WOC. Pressure test csg & BOP to 500#. OK.

RECEIVED
AUG 5 11 00 AM '92
CARLSBAD AREA OFFICE



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

SIGNED

Regina Finley

TITLE Production Records/Land Mgr

DATE 08/04/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side