

(JUNE 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. Front Dr.
Hobbs, NM 88240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires March 31, 1993

Lease Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals of drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" FOR PROPOSALS

NMLC047633B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

NINETY NINE 1 FEDERAL #2

9. API Well No.

30-015-28438

10. Field and Pool, or Exploratory Area

LOCO HILLS; QU-GB-SA

11. County or Parish, State

LEA CO., NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

STRATCO OPERATING CO., INC.

3. Address and Telephone No.

c/o OIL REPORTS & GAS SERVICES, INC., 1008 W. BROADWAY, HOBBS, NM 88240 505/393-2727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2100'/FNL & 1650'/FWL, SEC. 1, T18S, R30E

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"/> 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 checked="" type="checkbox"/> Other <u>CHANGE OF OPERATOR</u>
	<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 (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

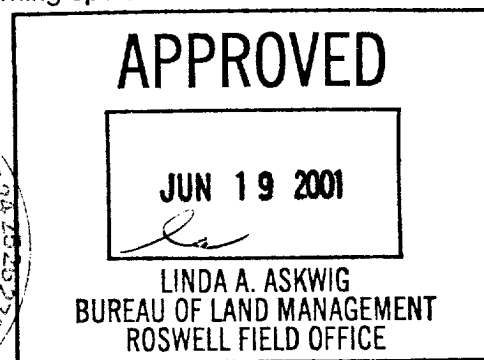
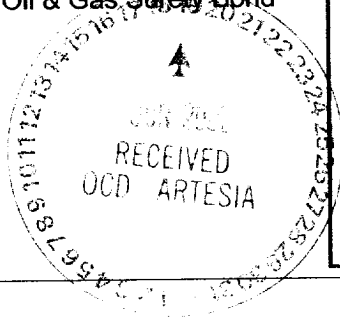
13. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work.
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

As required by 43 CFR 3100.05 (A) and 43 CFR 3162.3 we are notifying you of a
Change of Operator on the above lease. Stratco Operating Co., Inc., as operator, accepts
all applicable terms, conditions, stipulations and restrictions concerning operations conducted
on the lease or portion of the lease described therof.

Bond Coverage: \$25,000.00 Statewide Oil & Gas Surety Bond

Bond Number: NM 2728

Effective Date: March 1, 1999



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

Signed

Title

AGENT

Date 05/24/01

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED
2001 MAY 25 AM 9:18
BUREAU OF LAND MANAGEMENT
FISHERS OFFICE