

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87501

JAN 25 '90

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Chaparral State

8. Well No.

#1

9. Pool name or Wildcat

UND. Bone Spring

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR ~~PLUG BACK~~ TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Strata Production Company

3. Address of Operator

648 Petroleum Bldg., Roswell, New Mexico 88201

4. Well Location

Unit Letter E : 1880 Feet From The North Line and 660 Feet From The West Line

Section 32 Township 19S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3280' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Set 200 JTs of 4½", 11.g# CSG to 8000'.
- 2) Cmt with 200sx 65/35 Pozmix with 2% g&l, 5# salt, 3/10 CFR 3, 4/10 Halide 4. P.D. 11:30 am 1-22-90. Est. TOC 6150'.
- 3) Cmt thru D.V. tool @ 6200' w/ 450 sx Halide "lite" w/8# salt, 2/10 CFR 3, 1/4# Flocele & 200 sx Premium "neat". P.D. at 6:30 p.m. 1-22-90.
- 4) S.D. W.O.C. for approx. - 10 days.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Jim McClelland

TITLE Vice President

DATE 1-24-90

TYPE OR PRINT NAME

Jim McClelland

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JAN 30 1990

CONDITIONS OF APPROVAL, IF ANY: