Submit 3 Copies
to Appropriate
District Office

State of New Mexico
E . . . finerals 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 87504-2088

NOV 9- '89

O. C. D.

WELL API NO.	
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	K-4169

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

HALCON STATE

2. Name of Operator
STRATA PRODUCTION COMPANY /

8. Well No.
#1

3. Address of Operator
648 PETROLEUM BUILDING ROSWELL, NEW MEXICO 88201

9. Pool name or Wildcat
TURKEY TRACK BONE SPRING

4. Well Location

Unit Letter __G__ : __1980__ Feet From The __NORTH__ Line and __1980__ Feet From The __EAST__ Line

Section __26__   Township __19 SOUTH__   Range __29 EAST__   NMPM __EDDY__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3353.3

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X] PLUG AND ABANDON [ ]		REMEDIAL WORK [ ] ALTERING CASING [ ]	
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]		COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ]	
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER:_____ [ ]		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 RBP AT 7500' AND COVER WITH 35 SACKS SAND.
2.) PERFORATE 21 HOLES AS FOLLOWS: 7414', 15, 16, 17, 18, 19, 7400', 01,
    02, 03, 04, 05, 7290, 7283, 7270, 7269, 7265, 7240, 7234, 7225, & 7217
3.) ACIDIZE WELL WITH 3700 GALLONS OF 15% NEFE.
4.) FRAC WELL WITH 135,000# 20/40 OTTAWA & 35,000# 16/30 HS RESIN COATED
    SAND WITH 90,000 GALLONS CROSSLINKED GEL AND CO2.
5.) FLOW BACK AND PUT ON PUMP.

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

SIGNATURE _____   TITLE VICE PRESIDENT/ADMIN.   DATE NOVEMBER 8, 198

JAMES G. McCLELLAND
TYPE OR PRINT NAME

TELEPHONE NO. 622-1127

(This space for State Use)

ORIGINAL SIGNED BY
MIKE ....
SUPERVISOR, DISTRICT II

NOV 15 1989

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: