

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Santa Fe	
File	
BLM	
Land Office	
B of M	
OFFICE PI NO.	

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

30-015-26112

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
K 4169

7. Lease Name or Unit Agreement Name

HALCON STATE

8. Well No. 2

Pool name or Wildcat
Parkway Delaware

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.)

RECEIVED

JUL 03 '89

1. Type of Well:

OIL WELL

GAS WELL

OTHER

2. Name of Operator

Strata Production Company

3. Address of Operator

648 Petroleum Building, Roswell, New Mexico 88201

4. Well Location

Unit Letter O : 330 Feet From The South Line and 1980 Feet From The East Line

Section 26 Township 19 S Range 29 E NMPM Eddy County

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

GL 3326'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

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) Spud well @ 12:30 a.m., June 27, 1989.
- 2) Lost returns @ 168', dry drilled to 369'.
- 3) Set 9 jts 13 3/8", J55, ST&C, 48# casing to 357'.
- 4) Halliburton cemented w/ 350 sks "Class C" w/ 2% CaCl.
- 5) Circulated cement to surface.
- 6) Plug down @ 11:45 p.m., June 27, 1989.
- 7) WOC 18 hours. Press. Test 1000#, 30 min. Held OK.

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

SIGNATURE *James E. McCallister*

Vice President Administration

6-28-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JUL 5 1989

CONDITIONS OF APPROVAL, IF ANY: