

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NEADER
OF COPIES RE ED
(Other instructions on re-
verse side)

RM Roswell District
Modified Form No.
NM60-3160-4

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No.		5. LEASE DESIGNATION AND SERIAL NO. NM-17103
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1030 Roswell, NM 88202				7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 660' FWL Unit L		RECEIVED APR 13 1992 O. C. D. SPECIAL OFFICE		8. FARM OR LEASE NAME Lee Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT Burton Flat Morrow (prorated Gas)
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T20S, R28E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Change of Operator <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

FORMER OPERATOR: Presidio Exploration, Inc.
3131 Turtle Creek Blvd.
Suite 400
Dallas, TX 75219

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

SIGNED Regina Finley

TITLE Prod. Recds./Land Manager
305-622-1127

DATE 4/8/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side