

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210 dsf

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

OIL CON. DIV.  
DIST. 2

|   |  |
|---|--|
| 1. Type of Well<br>Oil <input type="checkbox"/> Well Gas <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other <input type="checkbox"/> | 5. Lease Designation and Serial No.<br>NM-17103                              |
| 2. Name of Operator<br>STRATA PRODUCTION COMPANY  | 6. If Indian, Allottee or Tribe Name   |
| 3. Address and Telephone No. P.O. Box 1030<br>Roswell, New Mexico 88202-1030 505-622-1127   | 7. If Unit or CA, Agreement Designation                                      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>2310' FSL & 660' FWL<br>Section 25-20S-28E                                      | 8. Well Name and No.<br>Lee Federal #1                                       |
|   | 9. API Well No.<br>30-015-24209  |
|   | 10. Field and Pool, or Exploratory Area<br>Burton Flat Morrow (Prorated Gas) |
|   | 11. County or Parish, State<br>Eddy County, New Mexico                       |

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 checked="" type="checkbox"/> Subsequent Report | <input checked="" 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 type="checkbox"/> OTHER                   |
|   | <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           |

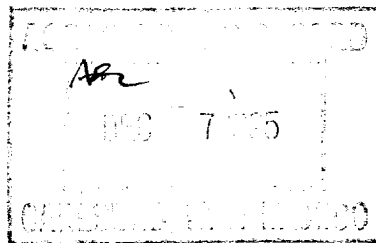
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

09/06/95: MIRU Cobra Well Service rig.

09/07/95: Unflange wellhead. RU kill truck. Pump 35 bbls 2% KCL down tubing. Release packer and equalize. TOH with 2 3/8" N80 tubing.

09/08/95: Assemble tool string for tubing conveyed perf guns. TIH with packer and guns. TIH with Gamma Ray. Tie-in and space out guns. Set packer at 10902'. Load backside and test. Held OK. Strip off BOP. Flange up wellhead. Drop bar. Flowing. Testing.

09/11/95: RD. Well placed on production.



|   |   |
|---|---|
| 14. I hereby certify that the foregoing is true and correct |   |
| Signed <u>Carol J. Garcia</u>                               | Title <u>Production Records Manager</u> |
| (This space for Federal or State office use)                | Date <u>10/27/95</u>                    |
| Approved by _____   | Title _____                             |
| Conditions of approval, if any:                             | Date _____                              |