

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil and Gas Division
811 S. 1st St.
Albuquerque, NM 87102

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

1. Type of Well

Oil Gas
☐ Well ☐ Well ☒ Other SWD

2. Name of Operator

STRATA PRODUCTION COMPANY

3. Address and Telephone No.

P.O. Box 1030
Roswell, New Mexico 88202-1030 505-622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FEL
Section 25-20S-28E

5. Lease Designation and Serial No.

NM-17103

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM061P35-84C445

8. Well Name and No.

Lee Federal Com #2

9. API Well No.

30-015-24349

10. Field and Pool, or Exploratory Area

Scanlon Delaware

11. County or Parish, State

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input 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 checked="" type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

11/06/96: MIRU completion unit. ND wellhead. NU BOP. Unseat packers. TOH with packers and tubing.
11/09/96: Set CIBP at 11220'. Place 35' of Class "H" cement on top. Set CIBP at 10700'. Place 35' of Class "H" cement on top.
11/11/96: Set 100' cement plug at 8994' with 37 sacks Class "H" cement. Set 100' cement plug at 5618' with 37 sacks Class "H" cement.
11/12/96: Perforate 15 holes at 5286'-5290', 5294'-5298' and 5304'-5308'. Acidize with 1300 gallons 7 1/2% acid and 17 tons CO2. Swab test.
11/14/96: Perforate 4 squeeze holes at 4700'. Break circulation between 7" and 9 5/8" casing.
11/15/96: Squeeze with 350 sacks Class "C" Neat, 200 sacks Class "C" and 1500 gallons Mud-Flush. Circulate 50 sacks cement. WOC.
11/20/96: Perforate 7 holes at 3210'-3216' and 7 holes at 3220'-3226'. Acidize with 1100 gallons 7 1/2% acid and CO2. Swab test.
11/25/96: Frac with 6000 gallons YF135 gel and 6300# 16/30 sand. Swab test.
11/27/96: Perforate 8 holes at 3123'-3130'. Acidize with 1350 gallons 7 1/2% acid. Swab test.
12/05/96: TIH with pump and rods. Start pumping unit. Place on production.
01/11/97: SI. Well tested noncommercial. Filed OCD Form C-108 Application for Authorization to Inject 2/5/97.
02/05/97: Filed OCD Form C-108 Application for Authorization to Inject.

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

Signed Carol G. Garcia Title Production Records Manager Date 3/4/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: