

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR AREA
OF COPIES REQUIRED
(Other instructions on re-
vised side)
DEC 3 1992

RM Roswell District
Modified Form No.
NMD60-3160-4

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-15873	
2. NAME OF OPERATOR Strata Production Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		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 1980' FSL & 660' FEL		8. FARM OR LEASE NAME Doris Federal	
14. PERMIT NO. 30-015-24868		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3278' GR		10. FIELD AND POOL, OR WILDCAT Burton Flat Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26-20S-28E	
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		
Work-over	<input checked="" type="checkbox"/>		

17. DESCRIBE PROMISED 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.)

Strata Production Company intends to test potential pay intervals as follows:

1. Perforate Delaware "C" Zone at 5378' to 5386' (9 holes total) and acidize with 750 gal 7 1/2% NEFE.
2. Perforate Delaware "B" Zone at 5303' to 5325' (12 holes total) and acidize with 1000 gal 7 1/2% NEFE.
3. Perforate Delaware "A" Zone at 5266' to 5279' (11 holes total) and acidize with 800 gal 7 1/2% NEFE.

Zones of interest will be evaluated and fraced, if warranted. Well will be placed back on production.

Formerly Presidio Oil & Gas Doris Federal #3. Copy of Change of Operator is attached.

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 11/5/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 12/1/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side