

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other Instructions  
verse side)

MM Roswell District  
Modified Form No.  
NMD60-3160-6

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 checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED	
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No.	
3. ADDRESS OF OPERATOR P.O. Box 1030 Roswell, NM 88202		Q. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2100' FSL & 660 FWL Unit L		15. ELEVATIONS (Show whether OP, RT, GR, etc.) 3266.1' GR	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

5. LEASE DESIGNATION AND SERIAL NO. NM-17103
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Lee Federal
9. WELL NO. 4Y
10. FIELD AND POOL, OR WILDCAT Avalon Bone Spring, East
11. SEC., T., R., M., OR BLK. AND SUBVY 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Change of Operator</u>	<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 some pertinent to this work.)

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

RECEIVED  
NOV 6 10 52 AM '92  
GAS AREA

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

SIGNED Regina Finley  
(This space for Federal or State office use)

TITLE Prod. Recds./Land Manager  
505-622-1127

DATE 4/8/92

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side