

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

DATE
90 re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

458

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
STRATA PRODUCTION COMPANY
3. ADDRESS OF OPERATOR
648 PETROLEUM BUILDING ROSWELL, NM 88200.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

JAN 15 '91

RECEIVED

860' FWL and 2030' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3298' GL

5. LEASE DESIGNATION AND SERIAL NO.

NM 83580

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Aguila Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Winchester Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4, T-20-S, R28-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

1) Notice given of Spudding on 1-02-91 @ 5:00 P.M.

2) Drlg ahead in 17 1/2" hole.

RECEIVED

JAN 7 9 45 AM '91

CARLE AREA

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

SIGNED

James B. McCall

TITLE Vice President

DATE 1/02/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side