

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

dst

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Strata Production Company ✓		8. FARM OR LEASE NAME Aguila Federal	
3. ADDRESS OF OPERATOR 648 Petroleum Building, Roswell, NM 88201		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FTL & 2080' FWL 2030' FSL/860' SJS		10. FIELD AND POOL, OR WILDCAT Winchester-Delaware	
14. PERMIT NO. API-30-015-26430		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3298' GR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T20S, R28E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

RECEIVED

OCT - 2 1991

O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

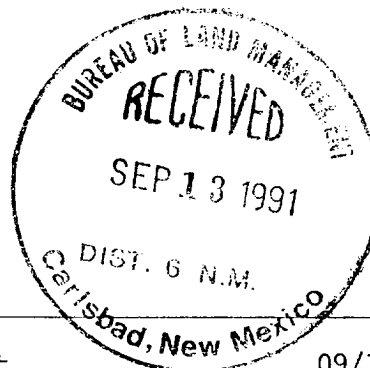
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 zones pertinent to this work.)

02/07/91: HLS on location, circ & spot 7½% NeFe @ 6250'. TOH w/ tbq. TIH w/ tools & run cement bond log over zones of interest. TOH w/ tools. TIH w/ guns & perf (21) .42 holes as follows: 6140, 41, 41.5, 42.5, 45, 45.5, 46, 47.5, 48, 48.5, 57, 58, 60, 69.5, 71, 73, 74, 75, 75, 76.5, & 6249. TOH w/ guns. TIH w/ pkr & set @ 6020'. BFD @ 2000#. Open bypass & spot acid to end of tbq. Treat w/ 1900 gal NeFe & additives. Avg TP-800# @ 3.2 BPM. ISDP 720#, 5 - 588#, 10 - 851#, 15 - 570#, Have 91 BLWTR. RU & commence swabbing load.

02/10/91: Frac down 5 1/2" csg w/ 32,676 gal 40# gel, 165 tons Co2, 90,000# 20/40 & 18,600# 12/20, Max pres 1310#; Avg pres 1230#. Avg Rate 26 BPM. ISDP - 1056#, 5 - 1005#, 10 - 971#, 15 - 923#. Have 778 BLWTR.

02/12/91: Put well on pump for test.



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

SIGNED Frank S. Morgan

TITLE Vice President

DATE 09/12/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS