Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103	0
Revised 1-1-5	39

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

P.O. Box 2088 Santa Fe, New Mexico 87504-2088	30-015-21277		
	5. Indicate Type of Lease STATE X FEE		
•	6. State Oil & Gas Lease No.		

	K-6600
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" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL OAS WELL X WELL OTHER	Nash Unit
2. Name of Operator	8. Well No.
Strata Production Company	#1
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 1030, Roswell, New Mexico 88202-1030	Nash Draw Brushy Canyon Delaware
4. Well Location Unit Letter H: 1980 Feet From The North Line and 660	Feet From The East Line
Section 13 Township 23 South Range 29 East 1	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3005 'GR	
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB L
OTHER:OTHER:	·
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclusivers). SEE RULE 1103.	ding estimated date of starting any proposed
02/20/95: MIRU pulling unit. TOH with rods and pump. Relea	ase TA. TOH with tubing, NU
02/22/95: RU and Perf (24) .42 holes from 6772'-6816'.	
02/23/95: RU and Perf (31) .42 holes as from 6385'-6400'.	- COST
02/24/95: Acidize with 1500 gal 7 1/2% NEFE. Swab test.	- ATR 1.0 (965)
	
02/27/95: Frac with 8780# 20/40 sand and 131 bbls YF120 go	
03/01/95: TOH with tools. TIH with tubing. Set TA and SN. TIH with pump, subs and rods. Hang well on. P production.	

Thereby certify that the information above is true and complete to the best of my knowledge and belief.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE And Production Records Manager	DATE 4/6	/95
		505-622-112
TYPE OR PRINT NAME Carol J. Garcia	TELEPHONE NO.	303-022-112

(This space for State Use) AND THE STATE OF THE W. GUM

APR 1 2 1995

APPROVED BY-