

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Strata Production Company

3. Address and Telephone No.
P.O. Box 1030, Roswell, NM 88202-1030 (505) 622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310' FSL & 330' FEL
Section 13-23S-29E

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-17589

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Nash Unit

8. Well Name and No.

Nash Unit #5

9. API Well No.

30-015-21800

10. Field and Pool, or Exploratory Area

Nash Draw Brushy Canyon

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Install Pumping Unit</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

07/20/94: MIRU. Release packer and equalize. TOH with tubing. LD packer. TIH with 205 joints 2 7/8" tubing with SN and MA. Set SN at 7107'. Set TA at 6809'. Flange up. SISD.

07/21/94: PU 2 1/2" x 1 1/2" x 20' pump. Hot oil tubing. TIH with 2' 7/8" sub, (20) 7/8" rods, (132) 3/4" rods, (57) 7/8" rods and (74) 1" rods. Build wellhead. Prep to hang on. Load tubing. No pump action. Hole in tubing. SISD.

07/22/94: Drop standing valve. TOH with tubing. Hole in joints 42, 43, 46. Replaced joints. Tested tubing. Held OK. TIH with tubing. Tested tubing. Held OK. ND BOP. TIH with rods. Hang on. Start pumping. Well placed on production.

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

Signed Carol J. Garcia Title Production Records Manager Date 8/10/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____