

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088WELL API NO.
30-015-21803

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

L-3358

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.)

1. Type of Well:

OIL
WELL ☒GAS
WELL ☐

OTHER

2. Name of Operator

Strata Production Company

3. Address of Operator

P.O. Box 1030, Roswell, NM 88202-1030

7. Lease Name or Unit Agreement Name

Nash Unit

8. Well No.

#6

9. Pool name or Wildcat

Nash Draw Brushy Canyon

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 330 Feet From The West LineSection 18 Township 23 South Range 30 East NMFM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3016' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

work) SEE RULE 1103
03/14/94:MIRU pulling unit. Flow well down. Release packer. Equalize.
TOH with packer. TIH with 210 joints 2 7/8" tubing and mud anchor.
Set tubing anchor at 6841'. Set seat nipple at 7119'.03/15/94: Cut paraffin. Prep to run rods and pump.03/16/94: Cut paraffin. TIH with 2 1/2" x 1 1/2" x 20' PAP, (1) 2' 3/4" sub,
(131) 3/4" rods, (77) 7/8" rods, (75) 1" rods and 1 1/4" x 22'
liner. Prep to set unit.03/17/94: Set 456 Lufkin unit with electricity. Space well out and put on
pump.03/18/94: Pumping.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Carol J. Garcia

TITLE

Production Records Manager DATE 4/4/94

TYPE OR PRINT NAME

Carol J. Garcia

TELEPHONE NO. (505) 622-1127

(This space for State Use)

SUPERVISOR DISTRICT II

APPROVED BY

TITLE

DATE

APR 8 1994

CONDITIONS OF APPROVAL, IF ANY: