

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

clsf

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 Nash Unit	
2. NAME OF OPERATOR Strata Production Company ✓		8. FARM OR LEASE NAME Nash Draw	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		9. WELL NO. #9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860' FNL & 2210' FEL		10. FIELD AND POOL, OR WILDCAT Nash Draw Delaware	
14. PERMIT NO. 30-015-26991		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2994' GL	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13-23S-29E		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Ran Intermediate Casing	
(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.)*

6/2/92

Ran 25 joints of 8 5/8" 32# J-55 casing and 47 joints of 8 5/8" 24# J-55 casing. Cemented at 3012' with 1150 sacks Halliburton Lite with 10# salt, 1/4# Kwikseal. Tailed in with 200 sacks Premium Plus with 5# salt. Circulated 100 sacks to pit. Plug down at 7:00 PM on 6/2/92. WOC. Pressure test casing and BOP to 500#. OK.

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

SIGNED

Carol J. Garcia

TITLE

Production Supervisor

DATE

6/5/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side