

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)
NOTE: CONS.
Drawer DD
Artesia, NM

BLM Roswell District
Modified Form No.

3160-5

COMPLETION AND SERIAL NO.

NM-19246

INDIAN, ALLOTTEE OR TRIBE NAME

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 ✓		3a. Area Code & Phone No. 505-622-1127	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-RECEIVED		8. FARM OR LEASE NAME Nash Unit	
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 JUN 18 1993 C. L. D.		9. WELL NO. #9	
10. FIELD AND POOL, OR WILDCAT Nash Draw Brushy Canyon		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Section 13-23S-29E	
12. PERMIT NO. 30-015-26991		13. STATE NM	
14. ELEVATIONS (Show whether OF, RT, GR, etc.) 2994' GR		15. COUNTY OR PARISH Eddy	

16. 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 PROMISED 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.)*

2/05/93 MIRU pulling unit. Unseat pump. TOH with rods and pump. TOH with tubing.

2/10/93 Perf (16) .42 holes from 6318' to 6373'. Acidize with 1000 gallons 7½% NEFE. Swab test. SS

2/11/93 RU Dowell. Frac via 2 7/8" tubing with 14000 gallons 35# X-Link gel with 56000# sand. S

2/16/93 Perf (10) .42 holes from 5838' to 5843'. Acidize with 750 gallons 7½% NEFE. Swab test. 2

2/17/93 Perf (12) .42 holes from 5432' to 5440'. Acidize with 750 gallons 7½% NEFE.

2/19/93 TIH with pump and rods. Hang well on pump. Well placed on production. S

David P. Glass
1993

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

SIGNED *Carol J. Garcia*

TITLE Production Supervisor

DATE 5/21/93

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side