

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Modified Form No.

NM60-3160-4

LEASE DESIGNATION AND SERIAL NO.

NM-19246

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Nash Unit

8. FARM OR LEASE NAME

Nash Draw

9. WELL NO.

#10

10. FIELD AND POOL, OR WILDCAT

Nash Draw Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 13-23S-29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

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 88202-1030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

See also space 17 below.)
At surface

1750' FNL & 1850' FEL

RECEIVED

NOV 3 1992

O. C. D.

ASTE

14. PERMIT NO.

30-015-26992

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2998' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud and 13 3/8" casing & cmt

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

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.) *

12/7/92 Spud 17 1/2" hole at 11:00 AM on 12/7/92. Drilled to 310'. Ran 10 joints 13 3/8" 48# J55 casing. Cemented at 310' with 475 sacks Premium Plus with 5# Gilsontite, 1/4# Flocele and 2% CaCl per sack. Circulated 175 sacks cement to pit. Plug down at 9:30 PM on 12/7/92. WOC. Pressure test BOP and casing to 500#. Held OK.



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

SIGNED

Carol J. Davis

TITLE

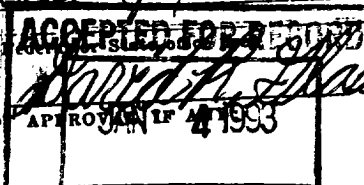
Production Supervisor

DATE

12/14/92

(This space for signature of State or Federal official)

APPROVED BY
CONDITIONS OF



TITLE

DATE

CARLSBAD, NEW MEXICO

See Instructions on Reverse Side