N.M. Oil Cons. Division 811 S. 1st Stree

Artesia NM 88210-2834 FORM APPROVED clsk

LINITED STATES

Form 3160-5 (JUNE 1990)	DEPARTMEN ^T	OF THE IN	TERIOR	30210 20	Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS				5.	Lease Designation and Serial No. NM-0556859-A
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				oir. 6.	
SUBMIT IN TRIPLICATE					If Unit or CA, Agreement Designation
1. Type of Well Oil Gas X Well Well Other 2. Name of Operator STRATA PRODUCTION COMPANY 3. Address and Telephone No. P. O. Box 1030 Roswell, New Mexico 88202-1030 505-622-1127 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 498' FSL & 2000' FWL				9.	Nash Unit Well Name and No. Nash Unit #11 API Well No. 30-015-27520 Field and Pool, or Exploratory Area Nash Draw Brushy Canyon County or Parish, State
	Section 12-23				Eddy County, New Mexico
	APPROPRIATE BO				REPORT, OR OTHER DATA
	OF SUBMISSION		TYPE OF A	CHON	Character of Diagrams
	sequent Report	[X] []	Abandonment Recompletion Plugging Back		Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
	al Abandonment Notice		Casing Repair Altering Casing OTHER		Conversion to Injection Dispose Water Tote: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Strata Pro	duction Company p	roposes to v	vorkover and recomple	ete the we	date of starting any proposed work. If well is a sis work.)* If in the following manner:
1. 2	MIRU. TOH with rods, pump and tubing. NU BOP. Perf 16 .42 holes at 3884'-3934'.				Asimo, Asimo
3.	Acidize with 2000 gallons acid. Swab test and evaluate.				
4.	Acidize with 2000 gallons acid. Swab test and evaluate. If indicated, frac with 54000# 16/30 sand. Swab test. TIH with production string. Flange up wellhead. Place on production.				
5.	TIH with product	ion string.	Flange up weilnead.	Place on p	Se
14. I hereby certify the Signed	hat the foregoing is true and corre	cce Ti	Production Records	Manager	Date12/8/99

(This space for Federal or State office use)
Approved by (ORIG. SGD.) ALEXIS C. SWOBODA PETROLEUM ENGINEER $_{\mathrm{Date}}$

Conditions of approval, if any:

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