

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FHM Roswell District
Modified Form No.
NM060-3160-4

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-27805	
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. 505-622-1127	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 2310' FEL		8. FARM OR LEASE NAME Lechuza Federal	
14. PERMIT NO. 30-025-31753		9. WELL NO. #3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704' GR		10. FIELD AND POOL, OR WILDCAT East Livingston Ridge Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15-22S-32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

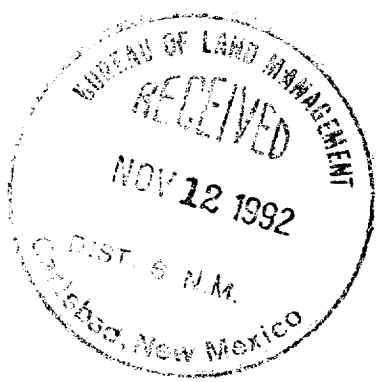
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Cement Squeeze</u>	

(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.)

10/24/92 Drilled to TD at 8950'. Set CIBP at 3000'. Perf at 2700'. Set cement retainer at 2630'. Squeeze via perfs from 2700' to surface with 725 sacks Hal Lite. Tailed in with 100 sacks Class "C" with 2% CaCL. Circulated 160 sacks cement to pit. WOC. Test BOP and casing to 1000#. Held OK.



AS
1002

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

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 10/30/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side