

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-041-00266

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Strata Production Company

3. Address of Operator
648 Petroleum Building, Roswell, N.M. 88201

7. Lease Name or Unit Agreement Name
Penrith State

8. Well No.
1

9. Pool name or Wildcat
Wildcat, Fusselman

4. Well Location
Unit Letter M : 650 Feet From The South Line and 660 Feet From The West Line
Section 16 Township 7S Range 37E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4065 gl

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Completion in progress ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/8 to 10/90: Perforated 8412-46' w/6 Spf and acidized with 930 gallons of 15% acid and swabbed.

12/11 to 14/90: Perforated 8499-8549 w/18 holes. Acidized well with 3000 gallons 15% acid and swabbed.

12/15-to 19/90: Set CIBP and 20' of cement @ 8390'. Perforated 8235-37, 8267-73, 8278-80 w/1spf. Acidized the well with 1674 gallons of 15% acid and swabbed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James G. Mc Clellan TITLE Vice-President DATE 1/4/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 09 1991