Form 3160-5 (April 2004)

OCD-HOBB'S

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

OMB	No.	1004-0137

Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS	5. Lease Serial No. NM-85939
Do not use this form for proposals to drill or to re-enter an abandoned well.	6. If Indian, Allottee or Tribe Name
Use Form 3160-3 (APD) for such proposals.	
SUBMIT IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well	
Oil Gas X Well Well Other	8. Well Name and No.
2. Name of Operator	Colibri Federal #1
STRATA PRODUCTION COMPANY	9. API Well No.
3. Address and Telephone No. P. O. Box 1030	30-025-31968
Roswell, NM 88202-1030 505-622-1127 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	10. Field and Pool, or Exploratory Area Diamondtail Delaware
990' FSL & 330' FEL	
Section 10-T23S-R32E	11. County or Parish, State Lea County, New Mexico
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT	
V	
	tion (Start/Resume) Water Shut-Off
Alter Casing Fracture Treat Reclam Subsequent Report Casing Repair New Construction X Recomm	
	, <u> </u>
	rily Abandon Disposal
Valer E	Disposai
Strata Production Company respectfully request to recomplete the D 1) Perforate 7386', 92, 95, 7415, 17' (5 .42 holes); Perforate 7422', 25, 30, 32, 33, 34, 35' (7 .42 holes); 2) Acidize w/1500 gals 7 1/2% NeFe w/ball sealers; 3) Frac w/23,500# 14/30 Lite Prop sand; 4) Place well on pump for test.	274252627282932
,	Deligh A EISINOI ESTON
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	ction Records APPROVED
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kelly M. Britt Title Production	ction Records /07 APPROVED
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kelly M. Britt Signature July Marth Date 04/30/ THIS SPACE FOR FEDERAL OR STATE OFFICE Use Title	ction Records /07 APPROVED se
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kelly M. Britt Signature Title Date O4/30/ THIS SPACE FOR FEDERAL OR STATE OFFICE US Approved by Conditions of approval, if any are attached C. DISTRICT STIPEDUS OR CONTINUE OF CONTI	ction Records /07 APPROVED SE MAY 2 2007
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kelly M. Britt Title Product Signature Way Aproved by THIS SPACE FOR FEDERAL OR STATE OFFICE Use Approved by Conditions of approval, if any, are attached. Applicate holds legal or equitable title to those rights in the subject lease which legal or equitable title to those rights in the subject lease which	ction Records O7 APPROVED SE MAY 2 2007 ER Mil Jugan
4. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kelly M. Britt Signature Title Date O4/30/ THIS SPACE FOR FEDERAL OR STATE OFFICE US Approved by Conditions of approval, if any, are attached. Applicant holds Conditions of approval, if any, are attached. Applicant holds Conditions of approval, if any, are attached. Applicant holds	Ction Records O7 APPROVED SE MAY 2 2007 ER WESLEY WINGRAM WESLEY WINGRAM