

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

1625 N. French Dr.

Hobbs, NM 88240

License Designation and Serial No.

NM-84732

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Gas  
☒ 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)

1980' FNL & 660' FEL

Section 21-7S-34E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sunrise Federal #1

9. API Well No.

30-041-20577

10. Field and Pool, or Exploratory Area

Chaveroo San Andres

11. County or Parish, State

Roosevelt County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ OTHER Placed on Production

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

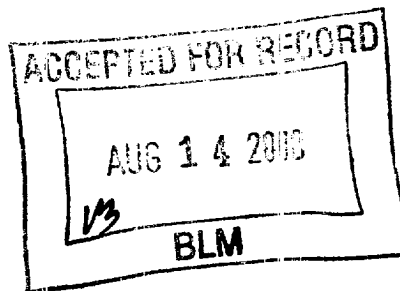
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

07/17/00: Prep to place on production. Repair heater.

07/18/00: Repair heater. Set frac tank.

07/19/00: Hook up frac tank.

07/20/00: Repair motor. Start pumping. Place on production.



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

Signed Carol J. Garcia

Title Production Records Manager

Date 08/09/00

(This space for Federal or State office use)

Approved by

ORIGINAL SIGNATURE OF SUPERVISOR  
Title DISTRICT SUPERVISOR

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instruction on Reverse Side

