

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N M Oil  
1980  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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

5. Lease Designation and Serial No.  
NM-84732

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	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER Place on Production	<input type="checkbox"/> Dispose Water

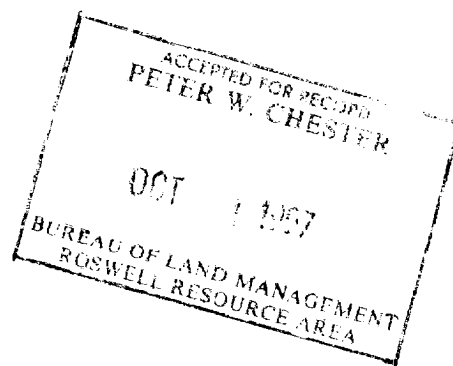
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

09/03/97: Make repairs and set frac tanks.

09/08/97: Run flowlines and make connections. Repair motor.

09/10/97: Start pumping unit. Well placed on production.



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

Signed Carol J. Garcia Title Production Records Manager Date 9/19/97

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ 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