

U.S. GEOLOGICAL SURVEY
P. O. BOX 1550
HOBBBS, NM 83241-1550
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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, NM

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 Unit "H"

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 checked="" 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 type="checkbox"/> OTHER	<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.)

08/18/95: MIRU. Drilled out surface plug. Circulated hole clean. Drilled out cement plug at 650'. Circulated hole clean to 1760'. Test to 1200#.

08/21/95: Drilled out cement plugs at 1760' to 4804'. Circulated hole clean.

08/22/95: Ran 119 joints (4775.19') 5 1/2" 15.5# J55 casing. Cemented at 4775' with 200 sacks 35/65 Poz "C" with additives. Tail in with 140 sacks 50/50 Poz "H" with additives. Plug down at 9:30 PM on 8/22/95. WOC. Estimated TOC 2000'.

08/27/95: Run CBL from 4700' to TOC at approximately 3345'. PBTD 4733'. Perforate 16 .42 holes from 4421' to 4494'. Acidize with 5000 gallons 20% NEFE. Swab test.

08/28/95: Perforate 3 .42 holes from 4365' to 4369'. Acidize with 1000 gal 20% NEFE. Swab test.

08/31/95: Set pumping unit.

09/01/95: Ran 143 joints 2 3/8" J55 tubing, pump, rods and liner. 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 10/27/95

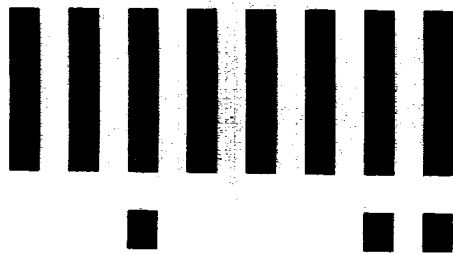
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

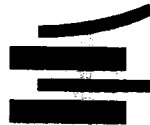
Conditions of approval, if any:

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



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐

Re-Entry
DEEPEN ☒

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Strata Production Company

3a. Area Code & Phone No.

505-622-1127

3. ADDRESS OF OPERATOR

P.O. Box 1030, Roswell, New Mexico 88202-1030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1980' FNL & 660' FEL
Unit Letter H

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

8 miles Northeast of Milnesand, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

1980'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,

OR APPLIED FOR, ON THIS LEASE, FT.

4200'

16. NO. OF ACRES IN LEASE

640.00

17. NO. OF ACRES ASSIGNED

TO THIS WELL

40.00

19. PROPOSED DEPTH

4803'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

4292' GL

22. APPROX. DATE WORK WILL START*

May 15, 1995

23.

PROPOSED CASING AND CEMENTING PROGRAM

HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24#	J-55	STC	2150	700 CL "C" & 200 CL H
7 7/8"	5 1/2"	11.6#	J-55	STC	4803' TVD	500' within 8 5/8" csg

Strata Production Company proposes to re-enter the former Reading & Bates Petroleum Company's Federal 21 #2 well and drill horizontally to a depth sufficient to test the San Andres formation. If productive, 5 1/2" casing will be set. If non-productive, the well will be plugged and abandoned in a manner consistent with Federal Regulations. Specific programs as set out in Onshore Oil and Gas Order #1 are outlined in the following attachments:

Location and Elevation Plat
Hole Prognosis
Surface Use and Operating Plan
Exhibit "A" Equipment Description
Exhibit "B" Planned Access Roads

Exhibit "C" One Mile Radius Map
Exhibit "D" Drilling Rig Layout Plan
Exhibit "E" Horizontal Diagram
Exhibit "F" Wellbore Schematic
Exhibit "G" Cross Section

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout prevention program, if any.

TITLE Production Records Manager

DATE 3/27/95

(This space for Federal or State official use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

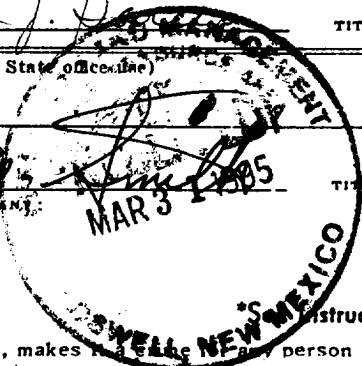
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Acting Area Mgr

5/11/95



*See Instructions On Reverse Side