

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. 30-025-31153
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-0030
7. Lease Name or Unit Agreement Name Paloma State
8. Well No. 1
9. Pool name or Wildcat West Tonto-Bone Spring
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3710 GR

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Strata Production Company
3. Address of Operator 648 Petroleum Building Roswell, NM 88201	4. Well Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line Section 36 Township 18-S Range 32-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3710 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>

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.

2-27-91 Spud @ 4:15 PM in 26" hole. Prep to set 40' of 20" conductor casing. TOTAL DEPTH REACHED-40'.

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

SIGNATURE James G. McClelland TITLE Vice President DATE 2/27/91
TYPE OR PRINT NAME James G. McClelland TELEPHONE NO. 622-1127

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 04 1991