ait 3 Copies Appropriate	Energy, Mi	State of New Mexico Energy, Minerals and Natural Resources Department				Form C-103 Revised 1-1-89	
Jistrict Office	Oll	_ CONSERVA	ום אטוד	VISION			
DISTRICT I	_	=	_		[
P O. Box 1980, Hobbs, NM 88241-1980 2040 South Pacheco Santa Fe, New Mexico 87505					WELL API NO. 30-025-28745		
DISTRICT II 811 S. First Street, Artesia, NA	f 88210	Carta 1 c, 14cv	V WEXICO O	7303	5. Indicate Type of Lease	STATE FEE	
DISTRICT III					6. State Oil & Gas Lease No.	· · · · · · · · · · · · · · · · · · ·	
1000 Rio Brazos Rd., Aztec, N	M 87410						
SUNDRY NOTICES AND REPORTS ON WELLS					FEDERAL NM-57285		
(DO NOT USE THIS	FORM FOR PROPOSAL ERENT RESERVOIR. (FORM C-101)	7. Lease Name or Unit Agree	ement Name				
1. Type of Well:							
	GAS WELL	OTHER Salt Water Disposal				Stivason Federal	
2. Name of Operator					8. Well No.		
STRATA PRODUCTION COMPANY					#1		
3. Address of Operator					9. Pool Name or Wildcat		
P.O.	BOX 1030, RO	SWELL. NEW	MEXICO	88202-1030	-Peart Q	11000 96117	
4. Well Location				00202 7000	-1 oan Q	<u> </u>	
Unit Letter	330	Feet From The	North	Line and	330 Feet F	From The East Line	
Section 3	3 Township	19 South	1	Range 34 Ea	ast _{nmpm}	Lea County	
		10. Elevation (Show	whether DF, R			County	
11.	Check Ap	propriate Box to	Indicate N	ature of Notice. R	leport, or Other Data	3	
NOTICE OF INTENTION OF					UBSEQUENT REPO		
PERFORM REMEDIAL WO	RK PLU	IG AND ABANDON		REMEDIAL WORK	ALT	TERING CASING	
TEMPORARILY ABANDON	СН	ANGE PLANS		COMMENCE DRILLI		JG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND C	EMENT JOB		
OTHER:		<u>.</u>			ert to SWD	X	
12. Describe Proposed or Co SEE RULE 1103	mpleted Operations (Clean	ly state all pertinent deta	ails, and give p	ertinent dates, including	estimated date of starting an	y proposed work)	
The subject we SWD-635 as i	II was converte ndicated on the	d to a Salt Wate attached copy	er Dispos of the a	sal well in acco pproved Feder	rdance with Adm al Form 3160–5	iinistrative Order Sundry Notices.	
Strata Product by Chris Williar	ion Company r ns with the Hob	equests appro bs OCD.	val of the	e C−103 Sundr	y Notice pursuar	nt to instructions	
I hereby certify that the inform	ation above is true and comp	lete to the best of my know			ORDS MANAGEF	1/00/00	
TYPE OR PRINT NAME	CAROL J. (_ <u></u>	CONCINE			
	IGINAL FIGURE N	ANTION		1	TELEPHONE NO.	505-622-1127	
space for state (se)		1 mars 2 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				17 115 1505	

Approval under condition that the sign-635 Permit be amended to includes Yales formation.