

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U. S. DEPT. OF THE INTERIOR  
P. O. BOX 1808  
HOBBS, NEW MEXICO 88240

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 **SWD**

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)  
**330' FNL & 330' FEL**  
**Section 33-19S-34E**

5. Lease Designation and Serial No.

**NM-57285**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Stivason Federal #1**

9. API Well No.

**30-025-28745**

10. Field and Pool, or Exploratory Area

**Pearl Queen**

11. County or Parish, State

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

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

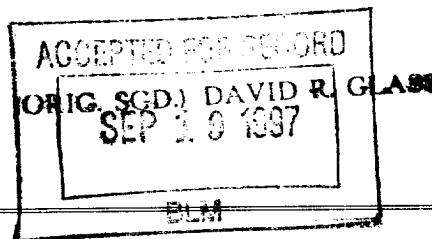
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

05/14/97: MIRU pulling unit.

05/15/97: TOH and LD 160 joints 2 3/8" tubing.

05/16/97: TIH with 4 1/2" Loc-Set nickel plated packer and 122 joints 2 3/8" plastic coated tubing. Circulate with 2% KCL and packer fluid. Set packer at 3816'. Charted pressure test of casing to 500# for 15 minutes. No decrease in pressure. Flange up wellhead. Chart is attached.

06/04/97: Lay and connect flowlines. Start injection at 5:30 PM. Well injecting produced water.



RECEIVED  
SEP 18 A 9:25  
BUREAU OF LAND MGMT.  
ROSWELL OFFICE

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

Signed Carol J. Garcia

Title Production Records Manager

Date 9/16/97

(This space for Federal or State office use)

Approved by Chris Williams

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any:

