

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
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Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD-#420		5. LEASE DESIGNATION AND SERIAL NO. NM-57285
2. NAME OF OPERATOR Strata Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 1030, Roswell, NM 88202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 1650' FEL Unit B		8. FARM OR LEASE NAME Stivason Federal
14. PERMIT NO. API #30-025-29544		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691.9 GR		10. FIELD AND POOL, OR WILDCAT Pearl Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T19S, R34E
		12. COUNTY OR PARISH Lea
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) Convert to SWD Well

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

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

17. 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.)

By copy of this sundry Strata Production Company request permission to convert the Stivason Federal #3 well to SWD well.

Approval permitted by New Mexico Oil Conservation Division Administrative Order No. SWD-420, copy of which is attached for your review.

RECEIVED
MAR 6 7 25 AM '92
OIL
ADVIS

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

SIGNED Frank A. Muzum

TITLE Vice President Field Oper. DATE 03/05/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 3/9/92

*See Instructions on Reverse Side

RECEIVED

MAR 12 1992

OCD HOBBS OFFICE