

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.	30-025-31134
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	VB-1618

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.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Strata Production Company

Address of Operator
648 Petroleum Bldg, Roswell, Nm 88201

Well Location
Unit Letter P : 460 Feet From The South Line and 990 Feet From The East Line

Section	32	Township	20 S	Range	33 E	NMPM	Lea	County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		3646' GL						

1. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
DILL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <u>run production csg.</u> <input type="checkbox"/>

2. 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.

9/5/91: Drill to depth of 8375'. TOH w/ drill pipe & collars. Ran 203 jts 5 1/2" 17# J-55 csg; Cemented @ 8375' w/ 700 sx 50/50 Poz H, 4# salt, 1/4# flo seal; Plug down @ 3:30 PM 9/4/91. Second stage: 500 sx Prem Plus H, 3/10 Halite 9. Second plug down @ 8:30 PM 9/4/91. Release rig 11:00 PM 9/4/91.

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

SIGNATURE Regina Linley TITLE Production Analyst DATE 9/5/91

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

This space for State Use
APPROVED BY _____ TITLE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: