Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Ener , Minerals and Natural Resources Department

Form	C	-10	13
Revise	d	1-	1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION			WELL API NO.		
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025-31134			
		5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8	7410	·	STATE X FEE 6. State Oil & Gas Lease No. VD 1610		
SUNDRY	NOTICES AND REPORT	TS ON WELLS	VB-1618		
(DO NOT USE THIS FORM FO	OR PROPOSALS TO DRILL OR RESERVOIR. USE "APPLICAT DRM C-101) FOR SUCH PROPI	TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: On. GAS WELL X WEL			Ganso State		
2. Name of Operator			8. Well No.		
Strata Produc	ction Company		3		
3. Address of Operator	ling Dominil are on	2001	9. Pool name or Wildcat		
4. Well Location	ling, Roswell, NM 88	3201	Hat Mesa, Delaware		
Unit Letter P:	460 Feet From The So	outh Line and 990	Feet From The East Line		
Section 32	Township 20S	Range 33E			
		Range 33E Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County		
		3646 'GL	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11. Ch	eck Appropriate Box to	Indicate Nature of Notice, R	eport, or Other Data		
NOTICE OF	INTENTION TO:	•	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABAND	<u> </u>			
TEMPORARILY ABANDON	 1		ALTERING CASING		
	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CE	CASING TEST AND CEMENT JOB X		
OTHER:		OTHER: run inte	ermediate csg.		
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertin	nent details, and give pertinent dates, inclu	ding estimated date of starting any proposed		
8/20/91: Drill to a depth of 3240'. Circ & sweep hole. TOH w/drill pipe. Ran 86 jts 8 5/8" 32# & 24# J-55 csg, cemented @ 3174' w/ 800 sx Hallilite w/ 5# salt, 1/2# Flocele, 200 sx Premium Plus, 2% CaCl, circ 95 sx to pit.					
I hereby certify that the information above	is true and complete to the best of my	knowledge and belief.			
SIGNATURE Le QUACE	inley	Production A	nalyst DATE 08/21/91		
TYPE OR PRINT NAME Reg:	na Finley		TELEPHONE NO.		
(This space for State Use)			- 100 mg -		
APPROVED BY		mue	DATE		