

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.	V-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.)

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
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2. Name of Operator	STRATA PRODUCTION COMPANY
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3. Address of Operator	648 Petroleum Bldg, Roswell, NM 88201
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4. Well Location	Unit Letter P : 660 460 Feet From The South Line and 760 490 Feet From The East Line
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Section 32	Township 20S	Range 33E	NMPM	Lea	County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3646 GL
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11. 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: Set surface casing <input type="checkbox"/>

12. 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.

8/15/91: MIRU WEK Rig #3. Spud well in @ 3:45 PM 8/15/91. Drl 17 1/2" hole to 368'; formation Red bed. Ran 9 jts of 13 3/8" 48# csg to 368'. Cement w/ 315 sx Class "C" 2% CaCl.

Notified State Office.

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

SIGNATURE James G. McClelland TITLE Vice President DATE 08/16/91
TYPE OR PRINT NAME James G. McClelland TELEPHONE NO. 622-1127

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: