Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Departme.

Form C-103 Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

ELL API NO.	
30-025-31525	
Indicate Temp of Lanca	

DATE .

Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
RICT III Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-1618
SUNDRY NOTICES AND REPORTS ON WELLS O NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name

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SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					<u> </u>						
(DIFFERENT RESE	RVOIR. USE "APPLI	CATION	FOR PER	MIT"	LOG BAOK		7. Lea	se Name or Unit Agre	ement Name	
1	(FORM)	C-101) FOR SUCH PF	HOPOSAL	_5.)				Ga	nso State		
••	OR WELL X WELL]	OTHER						•		
2	Name of Operator	0						& Wc	II No.	,	
	Strata Production	company							377713		
3.	Address of Operator								l name or Wildcat		
	Post Office Box 10	30, Roswell	, NM	8820	2			Hat	Mesa Dela	ware	
4.	Well Location				_						
	Unit Letter I : 18	60 Feet From The	So	uth_		Line and _	990		Feet From The	East	Line
	Section 32	Township	20S	Rai	nge	33E	1	MPM	Lea		County
\overline{I}		10. Eleva	цов (Show	whether i	DF, RA	CB, RT, GR, e	uc.)				
				363	8'	GL					
11	ı. Check	Appropriate Bo	x to Inc	dicate N	Vatu	re of Noti	ice, Re	port,	or Other Data		
	NOTICE OF IN	TENTION TO:					SUB	SEQL	JENT REPOF	RT OF:	
PE	REFORM REMEDIAL WORK	PLUG AND A	BANDON		REN	MEDIAL WO	RK		ALTERII	NG CASING	

PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB LX **PULL OR ALTER CASING** set surface casing OTHER:__ OTHER:

03/27/92: MIRU WEK rig # 1. Spud 17 1/2" hole @ 9:45 PM 03/26/92. Drill to a depth of 405' and ran 11 jts (411') 13 3/8" 54# J-55 casing. Cemented w/315 sx Prem Plus, 2% CaCl, 1/4# Flocele. Circ 72 sx. PD @ 5:00 AM 03/29/92. Pressure test casing to 900# for 15 min.

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

OK. WOC.

Geologis

(This space for State Use)	gned by		**************************************
TYPE OR PRINT NAME	Regina Finley		TELEPHONE NO. 622-112
SIGNATURE Leg	ina Inley	mms Production Records	
I hereby certify that the infor	mation above is true and complete to the best of it		03/31/92

CONDITIONS OF APPROVAL, IF ANY:

work) SEE RULE 1103.