

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505-622-1127		5. LEASE DESIGNATION AND SERIAL NO. NM-77058	
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030				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 Unit I 1980' FSL & 660' FEL				8. FARM OR LEASE NAME Gilmore Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Livingston Ridge East	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21-22S-32E	
				12. COUNTY OR PARISH Lea	
				13. STATE NM	

16. 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 SDW <input checked="" type="checkbox"/>	

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) <input type="checkbox"/>	

(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.) *

1. Make clean up. Dig out cellar and make cut-off. Weld on and flange up wellhead to 8 5/8" casing.
2. Move in service rig. Rig up reverse unit. Nipple up BOP and drill out 8 5/8" casing. Drill out to 4807'. Clean out open hole.
3. Will tag to assure cement plug at 6950'. If not certain of plug or integrity, will set 100' cement plug below zone of injection.
4. TOH with work string. TIH with packer to test casing. Will insure integrity of casing before setting plastic or ceramic coated injection packer.
5. TIH with plastic or ceramic coated 2 3/8" tubing and packer. Prepare to set packer at 4200'(+). Circ back side with packer fluid. Set packer, test annulus and flange up wellhead.
6. Set tank battery and injection pump. Lay flowlines, tie in system and begin injection.
7. See attached Administrative Order No. SWD-470.

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

SIGNED Carol J. Garcia

TITLE Production Analyst

DATE 4/11/92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 5/15/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side