

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

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

BLM Roswell District  
Modified Form No.  
NM60-3160-4  
LEASE DESIGNATION AND SERIAL NO.

NM-77058

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Strata Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		8. FARM OR LEASE NAME Cercion Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FWL Unit E		9. WELL NO. #7	
14. PERMIT NO. 30-025-08110		10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware East	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3678' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-22S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

02/22/93: Verbal approval given by the Carlsbad Bureau of Land Management office to plug and abandon. Set cement plugs as follows:

1010' to 945'	20 sack Class "C" Neat plug
690' to 590'	35 sack Class "C" Neat plug
45' to surface	15 sack Class "C" Neat plug

Plug down at 12:00 PM on 2/22/93.

Released rig at 4:00 PM on 2/22/93.

Dry Hole Marker installed as per BLM regulations on 2/23/93.

RECEIVED  
MAR 5 11 40 AM '93  
CARLSBAD  
AREA

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

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 3/4/93

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE PETROLEUM ENGINEER DATE 3-9-93  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side