

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
FORM APPROVED
Buret Order No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Gas
☒ Well ☐ Well ☐ Other

2. Name of Operator

STRATA PRODUCTION COMPANY

3. Address and Telephone No. P. O. Box 1030

Roswell, New Mexico 88202-1030 505-622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

862' FSL & 458' FWL

Section 15-22S-32E

5. Lease Designation and Serial No.

NM-27805

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lechuza Federal #1

9. API Well No.

30-025-31495

10. Field and Pool, or Exploratory Area

Livingston Ridge Delaware East

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION



Notice of Intent



Abandonment



Change of Plans



Subsequent Report



Recompletion



New Construction



Plugging Back



Non-Routine Fracturing



Final Abandonment Notice



Casing Repair



Water Shut-Off



Altering Casing



Conversion to Injection



OTHER



Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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. POH w/rods, pump and tubing.

2. TIH w/RBP and packer. Move packer and pressure casing to isolate leak.

3. Establish rate into leak and design squeeze job.

4. Cement squeeze leak, SD 24 hrs. Drill out and test squeeze.

5. POH w/tools. RIH w/tubing, rods and pump. Return well to production.

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

Signed Kenneth M. Britt

Title Production Analyst

Date 11/05/2001

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

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