| Form 3160–5 (November 1983) (Formerly 9–331) UN. 2D STATES SUBMIT IN TRIP ATE* (Other Instructions on re- verse side) BUREAU OF LAND MANAGEMENTECEIVED | | | | | | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NM-27805 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------|--|
| 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) 57 | | | | | | IF INDIAN, ALLOTTER | | |
| OHL S GAS | OTHER | | OAD! | tari Çevik en hurce | 7. | UNIT AGREEMENT NA | a k | |
| 2. NAME OF OPERATOR | UITER | | AREA HEADQUARTERS | | | S. FARM OR LEASE NAME | | |
| STRATA PROD | UCTION COMP | | | | Lechuza Federal | | | |
| 700 Petroleum Building, Roswell, NM 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface | | | | | | 10. FIRLD AND POOL, OR WILDCAT Wildcat. | | |
| 862' FSL & 458' FWL | | | | | | 11. SEC, T., E., M., OS BLE. AND SURVEY OF AREA 22 Sec 15, 1236, R32E | | |
| 14. PERMIT NO. API #30-025-31 | .495 | 15. ELEVATIONS (S) | now whether DF | , RT, GR, etc.) | | Lea | | |
| 16. | Check App | | Indicate N | lature of Notice, Report | • | er Data | | |
| TEST WATER SHUT- FRACTURE TREAT HHOOT OR ACIDIZE REPAIR WELL (Other) | OFF NA | CLL OR ALTER CASIN ULTIPLE COMPLETE BANDON® HANGE PLANS | | WATER BHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZE (Other) SOULD WE (NOTE: Report | ng Seresults of Recompletion | REPAIRING C ALTERING C ABANDONME EL SUFFACE CS multiple completion n Report and Log fo | ASING NT* | |
| proposed work. nent to this work. | Spud 17 1/ | 2" hole @ 7 | :45 PM 0 | tions and measured and (rue | vertical d | epthus for all marker | s and zones perti- | |
| | @ 607' w/3 | 300 sx HLP, | 1/4# Flo | cele w/2% CaCl, 2 0 PM 01/11/92. W | 00 sx (| Class "C" 2% | | |
| , | | | | | | | | |
| | | | N. | A CHENON COMMENT | | | | |
| | | | | 1 3 4 5 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | | | 1 , 3 | * SKAD, IT I W | , ' | | | |
| 18. I bereby certify the | t the foregoing is | true and correct | TITLE P | roduction Analyst | | DATE 01/ | 13/92 | |
| (This space for Fe | deral or State office | t use) | | | | | | |
| APPROVED BYCONDITIONS OF . | | 4X: | TITLE | | ·-·· <u>-</u> · · | DATE | | |

*See Instructions on Reverse Side

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JAN 3 0 1992

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