

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-27805	
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 1650' FSL & 1650' FWL		8. FARM OR LEASE NAME Lechuza Federal	
14. PERMIT NO. 30-025-31603		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3728' GR		10. FIELD AND POOL, OR WILDCAT East Livingston Ridge	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Delaware	
		Section 15-22S-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)	<input type="checkbox"/>		<input 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) Ran casing and cement	<input checked="" type="checkbox"/>		<input checked="" 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.) *

6/9/92 TD 8759'. Ran 51 joints of 5 1/2" 17# J-55 casing and 174 joints of 5 1/2" L-80 casing. First stage cemented at 8759' with 750 sacks of 50/50 Poz mix, 5# salt, 1/4# Flocele. Second stage cemented with 645 sacks 50/50 Poz, 5# salt, 1/4# Flocele. Circulated 40 sacks back from first stage. Plug down at 4:45 PM on 6/9/92. WOC. Pressure test casing and BOP to 500#. OK. Released rig at 11:00 PM on 6/9/92.

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 6/11/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

JUN 16 1982

U.S. AIR FORCE