

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-27805

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Paisano Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

East Livingston Ridge Del

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 15-22S-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Strata Production Company

3. ADDRESS OF OPERATOR

P. O. Box 1030, Roswell, New Mexico 88202-1030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2310' FNL & 1650' FWL Unit F

14. PERMIT NO.

30-025-31615

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3758' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud and Surface Csg

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)

7/15/92 Spud 17 1/2" hole at 7:00 PM on 7/15/92.

7/16/92 Ran 16 joints of 13 3/8", 54.5#, J55 casing. Cemented at 600' with 300 sacks of Halliburton Lite with 2% CaCL, 1/4# Flocele. Tailed in with 200 sacks of Premium Plus with 2% CaCL. Circulated 130 sacks to pit. Plug down at 11:30 AM on 7/16/92. WOC. Test BOP to 500#. OK.

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

SIGNED Carol G. Garcia

TITLE Production Supervisor

DATE 7/17/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1992

SJS

*See Instructions on Reverse Side