			OFFICE FOR NUMBER	Oct Appropri U18 Hodified Form N		
_	UNITED	C=ATES	OF COPIES REQUIRED	NMD60-3160-4		
3160-5 1989)	DEPARTMENT OF	E INTERIOR	(Other Instructions on re-	LEASE DESIGNATION	I AND SERIAL NO.	
nerly 9-331)	DEPARTMENT OF	D MANAGEMENT		NM-27805	A COURT WAVE	
	BUKEAU OF LAI	ID DEDODTS ON	WELLS	6. IF INDIAN, ALLOTT	SE UK TEIDS PAND	
SUI	NDRY NOTICES AN	OF to deepen or plug back	to a different reservoir.			
SUNDRY NOTICES AND REPORTS (I)o not use this form for proposals to drill or to deepen or plug back to a different reservoir. (I)o not use this form for proposals.) Use "APPLICATION FOR PERMIT—" for such proposals.)				7. UNIT AGREEMENT NAME		
LL X WELL	OTHER		3a. Area Code & Phone No.	8. FARM OR LEASE N.		
Strata Production Company 505-622-1127				Paisano Fe	deral	
ADDRESS OF OPERATOR				#3	#3	
P. O. Box 1030, Roswell, New Mexico 88202-1030 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				Livingston Ridge Delaware E		
re also space 17 b t surface	elow.)			1 11 anc. T. R. M. O	E BLE. AND	
990	O' FNL & 660' FWL			SURVEY OF AR		
				Section 15	9-225-32L SH 13. STATE	
ERMIT NO.	. !	TIONS (Show whether DF, RT 3780 GR	, GR. etc.)	Lea	NM	
0-025-3161	7 V		- (Nation Donat on (Other Data		
	Check Appropriate	Box To Indicate Nat	ture of Notice, Report, or (QUENT REPORT OF:		
	NOTICE OF INTENTION TO:	r		REPAIR!N	O WELL	
TEST WATER SHU		i 1 1	PRACTURE TREATMENT	ALTERING	11	
FRACTURE TREAT	MULTIPLE C	OMPLETE	SHOOTING OR ACIDIZING	ABANDON		
SHOOT OR ACIDIZA	CHANGE FL.	INE	(Other) Run 5 1/2"	casing and ce	on on Well	
REPAIR WELL	<u></u> i		(Note: Report result Completion or Recount details, and give pertinent date and measured and true verti	pretion resport and and	data of stauting SNF	
12/28/92 01/05/93	17# J55 casing. 600 sacks 50/50 F Flocele per sack. WOC. Released r	Poz Mix, 5# salt Cement did no ig at 11:00 PM o	erf 4 squeeze holes	10# Microbond down at 1:00 at 5380'. Sq	and 1/4# PM on 12/28/92. ueeze cement and 100 sacks	
	Premium Plus wi	th 2% CaCL. Dis	splace cement to 524	to approx.		
					CASS ARE	
					>> " <u> </u>	
					TI CO	
					တ <u>m</u>	
					(c) 45	
					2 5	
SIGNED CONTRACTOR	that the foregoing is true and	d correct TITLE PY	oduction Supervisor	DATE	/29/93	
(This space for	Federal or State office use)					
ADDDOVED RT		TITLE	ACCETTED NOTE	DATE		
APPROVED BY	OF APPROVAL, IF ANT:		(ORIG. SGD.) DAVID	R. GLASS		
		TSee Instruction	s of Reverse Side			
		. 1.	DATE OF STREET AND ALL AND	e to any department	or apency of the	
18 U.S.C. S	Section 1001, makes it a c	rime tor any person ka	Middle and militally to mak			

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