

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
verse side)

WM Roswell District
Modified Form No.
NMD60-3160-4

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"/>		3a. Area Code & Phone No. 505-622-1127		5. LEASE DESIGNATION AND SERIAL NO. NM-27805	
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME 30-025-31617	
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 990' FNL & 660' FWL				8. FARM OR LEASE NAME Paisano Federal	
				9. WELL NO. #3	
				10. FIELD AND POOL, OR WILDCAT East Livingston Ridge Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15-22S-32E	
14. PERMIT NO. 30-025-31617		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3780' GR		12. COUNTY OR PARISH Lea	
				13. STATE NM	

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 PLANS ☒

Change location

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

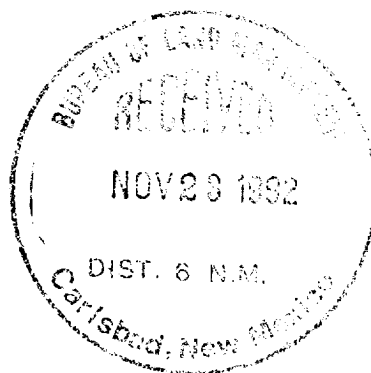
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

Strata Production Company requests approval to change well location from 990' FNL and 330' FWL to 990' FNL and 660' FWL.

Form C-102 Well Location and Acreage Dedication Plat for new location is attached.

Archaeological Survey was submitted to your office 11/13/92 by Archaeological Survey Consultants.



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

SIGNED *Carol J. Garcia*

TITLE Production Supervisor

DATE 11/20/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 12-2-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side