

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

MP Roswell District  
Modified Form No.  
M060-3160-4  
LEASE DESIGNATION AND SERIAL NO.

NM-77058

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.)

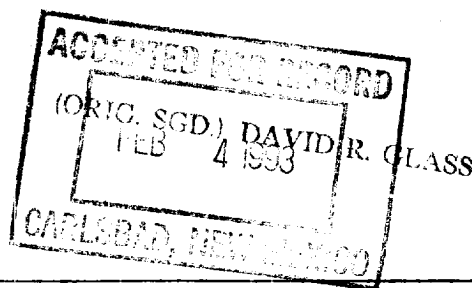
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. 505-622-1127		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1980' FWL F		5. ELEVATIONS (Show whether OF, RT, GR, etc.) 3695' GR		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-025-31726 ✓		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3695' GR		8. FARM OR LEASE NAME Cercion Federal		9. WELL NO. #4	
				10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware East		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22-22S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Run 8 5/8" casing and cement	(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.)\*

1/23/93 Drilled to 4473'. Ran 61 joints 8 5/8" 32# J55 casing and 45 joints 8 5/8" 24# J55 casing. Cemented at 4473' with 1500 sacks Hal Lite with 15# salt and 1/4# Flocele per sack. Tail in with 200 sacks Class "C" with 2% CaCL. Circulated 225 sacks cement to pit. Plug down at 12:45 AM on 1/24/93. WOC. Pressure test BOP to 500#. Held OK.



RECEIVED  
FEB 1 9 35 AM '93  
CARLSBAD, NEW MEXICO

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

SIGNED Carol J. Darcin TITLE Production Supervisor DATE 1/29/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

FEB 04 1992

ODD 50536 071117