

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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-77058
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' FNL & 1980' FWL				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
14. PERMIT NO. 30-025-31726		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3695' GR		12. COUNTY OR PARISH Lea
				13. STATE NM

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

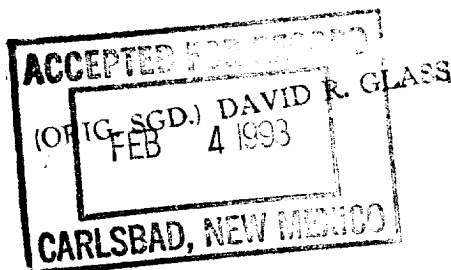
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Run 5 1/2" casing and cement <input checked="" type="checkbox"/>	
(Other) <input 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.)

2/1/93

Drilled to 8750' TD. Ran 67 joints 5 1/2" 17# L80 casing and 144 joints 5 1/2" 17# J55 casing. Cemented at 8750' first stage with 500 gal Superflush, 50 sacks Scavenger cement, 600 sacks 50/50 Poz Mix "H" with 5# salt, .3% Halaide-322, 10# Microbond and 1/4# Flocele per sack. Cemented second stage with 300 sacks Hal Lite with 8# salt and 1/4# Flocele per sack. Tail in with 100 sacks Class "C" Neat. Circulated 95 sacks to pit on first stage. Plug down at 11:15 PM on 2/1/93. WOC. Released rig at 3:15 AM on 2/2/93.



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FEB 3 11 05 AM '93
CARLSBAD, NEW MEXICO

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

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 2/2/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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FEB 6 1997
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