

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM 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	
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 660' FSL & 2310' FEL				8. FARM OR LEASE NAME Lechuza 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. 30-025-31753		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704' GR		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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ 8 5/8" Casing & Cement

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

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

17. DESCRIBE PROMISED 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.)*

10/16/92 Drilled to 4492'. Ran 48 joints 8 5/8" 32# J55 casing, 13 joints 8 5/8" 28# S95 casing and 45 joints 8 5/8" 24# J55 casing. Ran 106 joints total. Cemented at 4492' with 1300 sacks Hal Lite with 16# salt and 1/4# Flocele per sack. Tailed in with 200 sacks Class "C" with 2% CaCL. Cement did not circulate. Ran temperature survey. Top of cement at 2900'. Plug down at 9:15 AM on 10/16/92. WOC. Test BOP and casing to 1000#. Held OK.

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 10/23/92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side