

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
ND60-3160-4

LEASE DESIGNATION AND SERIAL NO.
NM-27805

SUNDRY NOTICES AND REPORTS ON WELLS
HOBBS, NEW MEXICO 88240

(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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Strata Production Company		8. FARM OR LEASE NAME Lechuza Federal	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		9. WELL NO. #4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1650' FWL		10. FIELD AND POOL, OR WILDCAT Livingston Ridge Delaware East	
14. PERMIT NO. 30-025-31800		12. COUNTY OR PARISH Lea	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3703' GL		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 checked="" 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) <input 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.) *

5/04/93 MIRU. Prep to workover. TOH w/rods, pump and tubing.
5/06/93 Frac perfs 7237'-7282' with 18000 gallons 40# Linear gel and 37500# 16/30 RC.
5/08/93 Frac via 2 7/8" tubing perfs 7006'-7018' with 9000 gallons 35# X-Link gel and 7255# 20/40 RC.
5/11/93 TIH with production string. Hang well on pump. Well placed on production.

RECEIVED
MAY 24 9 55 AM '93
CALLE
MAY 24

David R. Glass

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 5/21/93

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 18 1993

CCD HOBBS
OFFICE