

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Modified Form No.
NM60-3160-4
LEASE DESIGNATION AND SERIAL NO.
NM-27805

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.)

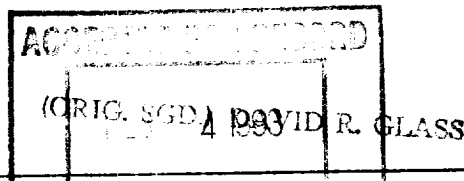
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB 1 9 35 AM '93	
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. 505-622-1127	
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit N 660' FSL & 1650' FWL			
14. PERMIT NO. 30-025-31800 ✓		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3703' GL	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Lechuza 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 15-22S-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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Run 8 5/8" casing and cement <input checked="" type="checkbox"/>	
(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.)

- 1/3/93 Drilled into water flow with 600 PPM H₂S at 3530'. SD. Waiting on additional H₂S equipment.
- 1/5/93 Drilled to 4481'. Ran 62 joints 8 5/8" 32# J55 casing and 45 joints 8 5/8" 24# J55 casing. Cemented at 4481' first stage with 175 sacks Hal Lite with 15# salt and 1/4# Flocele per sack. Circulated 125 sacks to pit. Tail in with 200 sacks Class "C" with 2% CaCL. Cemented second stage with 725 sacks Hal Lite with 15# salt and 1/4# Flocele per sack. Tail in with 100 sacks Class "C" Neat. Did not circulate to pit. Perf at 2800'. Squeeze cement with 800 sacks Hal Lite with 15# salt and 1/4# Flocele per sack. Tail in with 100 sacks Class "C" Neat with 2% CaCL. Plug down at 10:15 AM on 1/6/93.
- 1/7/93 Ran Temp survey. Tag top of cement at 1100'. Perf at 1000'. Squeeze cement with 300 sacks Hal Lite with 10# salt and 1/4# Flocele per sack. Tail in with 200 sacks Class "C" Neat with 2% CaCL. Circulated 111 sacks cement to pit. Plug down at 7:45 AM on 1/7/93. WOC. Pressure test BOP to 1500#. Held OK.



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

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

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side