

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Elm Roswell District
Modified Form No. 30-025-31801
NM60-3160-4

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"/>		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 1650' FSL & 330' FWL		8. FARM OR LEASE NAME Lechuza Federal	
14. PERMIT NO. 30-025-31801		9. WELL NO. #5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3730' GL		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	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Spud and Surface Casing	<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.)

11/27/92 Spud 17 1/2" hole at 10:45 PM.

11/28/92 Drilled to 610'. Ran 16 joints 13 3/8" 48# J55 casing. Cemented at 610' with 300 sacks Hal Lite with 1/4# Flocele per sack. Tail in with 200 sacks Class "C" with 2% CaCL. Circulated 150 sacks to pit. Plug down at 6:45 PM. WOC. Test BOP and casing to 600#. Held OK.



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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 12/2/92

(This space for Federal or State office use only)

APPROVED BY David A. Hall

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2003, NEW MEXICO

See Instructions on Reverse Side

RECEIVED

JAN 06 1993

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