

<p style="text-align: center;">N. M. OIL CONS. COMMISSION  <b>UNITED STATES</b>  <b>DEPARTMENT OF THE INTERIOR</b>  <b>BUREAU OF LAND MANAGEMENT</b></p> <p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  <small>(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.)</small></p>		<p style="text-align: center;">CONTACT RECEIVING  OFFICE FOR NUMBER  OF COPIES REQUIRED  <small>(Other instructions on reverse side)</small></p> <p style="text-align: center;">BLM Roswell District  Modified Form No.  <b>NM60-3160-4</b></p>	
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>2. LEASE DESIGNATION AND SERIAL NO.  <b>NM-77058</b></p>	
<p>2. NAME OF OPERATOR  <b>Strata Production Company</b></p>		<p>3. AREAL CODE &amp; PHONE NO.  <b>505-622-1127</b></p>	
<p>3. ADDRESS OF OPERATOR  <b>P. O. Box 1030, Roswell, New Mexico 88202-1030</b></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  At surface <b>unit A</b>      <b>330' FNL &amp; 330' FEL</b></p>		<p>7. UNIT AGREEMENT NAME</p>	
<p>14. PERMIT NO.  <b>30-025-31849</b> ✓</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <b>3695' GR</b></p>	
<p>8. FARM OR LEASE NAME  <b>Cercion Federal</b></p>		<p>9. WELL NO.  <b>#5</b></p>	
<p>10. FIELD AND POOL, OR WILDCAT  <b>Livingston Ridge Delaware East</b></p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  <b>Section 21-22S-32E</b></p>	
<p>12. COUNTY OR PARISH  <b>Lea</b></p>		<p>13. STATE  <b>NM</b></p>	

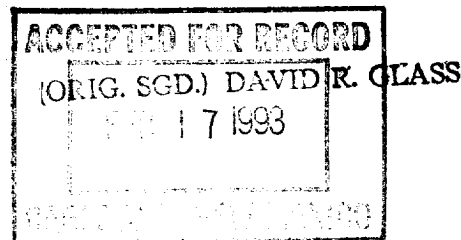
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <b>Run 8 5/8" casing and cement</b> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.) \*

02/08/93: Drilled to 4465'. Ran 63 joints 8 5/8" 32# J55 casing and 42 joints 8 5/8" 24# J55 casing. Cemented at 4465' first stage with 800 sacks Halliburton Lite with 15# salt and 1/4# Flocele per sack. Tail in with 100 sacks Class "C" with 2% CaCL. Circulated 155 sacks to pit. Cemented second stage with 700 sacks Halliburton Lite with 15# salt and 1/4# Flocele per sack. Tail in with 100 sacks Class "C" with 2% CaCL. Circulated 50 sacks to pit. Plug Down first stage at 9:45 AM and second stage at 3:00 PM on 2/8/93. WOC. NU BOP. Pressure test BOP to 1500#. Held OK.



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

SIGNED Carol J. Garcia TITLE Production Supervisor DATE 2/11/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

FEB 22 1993

ODD HALL