Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	103
Revised	1-1-89

CONCEDUATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.		
7 No. 3 No. 3 27504 2009	30-025-32671		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. V-2512		
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OH PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Weil: OIL GAS WELL WELL OTHER	Shell State		
2. Name of Operator	8. Well No.		
Strata Production Company	#2		
3. Address of Operator	9. Pool name or Wildcat		
P.O. Box 1030, Roswell, New Mexico 88202-1030	Red Tank Bone Spring		
4. Well Location			
Unit Letter D: 660 Feet From The North Line and 560) — Feet From The <u>West</u> Line		
Section 36 Township 22 South Range 32 East	NMPM Lea County		
Section 36 Township 22 South Range 32 East NMFM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS XX COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING . CASING TEST AND	CEMENT JOB		
OTHER: OTHER:	·		
12. Describe Proposed or Completed Operations (Clearly state all perinent details, and give perinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Strata Production Company requests a six month extension of the Application for Permit to Drill which was approved September 22, 1994 to spud the above location. Due to moving the location and other unforseen complications, the well could not be spud within the originally approved six month period.			

 (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	MAR 2 4 1995
 TYPEOR PRINT NAME Carol J. Garcia	тецерноме но. 505—622—11 27
SIONATURE Carol (J. Darces TITLE Production	Records Manager DATE 3/20/95
 I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	Sept. 22, 1995

TITLE -

APPROVED BY --CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

MAR 24 1995

- DATE -

OFFICE