Form 3160-5 (November 1983) (Formerly 9-331)	UN ID ST DEPARTMENT OF T BUREAU OF LAND A		SUBMIT IN TRIP (Other Instructions of reverse side)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. NM-14791
SUN (Do not use thi	NDRY NOTICES AND s form for proposals to drill or to Use "APPLICATION FOR PERS	REPORTS ON deepen or plug back	verse side) VELL S [VELL S VELL S	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS WELL 2. NAME OF OPERATOR	отнея		NOV 14 1991	7. VNIT AGREEMENT NAME 8. FARM OR LEASE NAME
Strata Production Company 3. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR				New Mexico Federal
648 Petroleum Building, Roswell, NM 88261 1. LOCATION OF WELL (Report location clearly and in accordance with any State require enter, New At surface				6 10. FIELD AND FOOL, OR WILDCAT Hat Mesa, Delaware 11. SEC., T., E., M., OR BLK, AND
	1650' FNL & 330	' FWL		用以配字面子 OR A取締在
14. PERMIT NO. API-30-02		Show whether DF, RT, G	***	Sec 4: 21S, 32E 12. COUNTY OR PARISH 13. STATE Lea NM
16.	Check Appropriate Box	To Indicate Nature	e of Notice, Report, or O	
	NOTICE OF INTENTION TO:			ENT REPORT OF:
TEST WATER SHUT-C FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED of proposed work. I need to this work.)	MULTIPLE COMPLE ABANDON* CHANGE PLANS	1E	PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Run Droduc (Note: Report results or Completion or Recompletions of Recompletion of Recompleti	REPAIRING WELL ALTERING CASING ARANDONMENT* tion casing of multiple completion on Well tion Report and Log form.) ncluding estimated date of starting any depths for all markers and zones perti-
	Set D.V. Tool @ 59 Second Stage: Cemented w/600 sx Premium Plus, 3/10	1, 1/4# F10 980'; Open t Halide "Lit Halide 9;	Seal; PD @ 1:00 cool & circ 6 ho	d @ 8414' w/ 800 sx PM 10/4/91. urs. 4# Flo Seal, 200 sx /4/91. Released rig
	**************************************			<u>J</u>
18. I hereby certify that	the foregoing is true and correct			
ν_{a} .	na Finley	TITLE _Produ	ction Analyst	DATE 11/13/91
(This space for Fede	ral or State office use)		- Tanana ya ka	Date
APPROVED BYCONDITIONS OF AF	PPROVAL, IF ANY:	TITLE		DATE

*See Instructions on Reverse Side