

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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"/>		3a. Area Code & Phone No. (505) 622-1127		5. LEASE DESIGNATION AND SERIAL NO. NM-85940	
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1030 700 Petroleum Bldg. 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 660' FSL & 1980' FWL Unit N				8. FARM OR LEASE NAME Urraca Federal	
				9. WELL NO. #1	
				10. FIELD AND POOL, OR WILDCAT Diamondtail Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11 - T23S - R32E	
14. PERMIT NO. API-30-025-27655		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3728' GR		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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

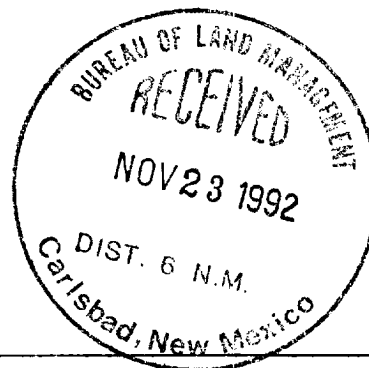
10/19/92 RU Fifty-Five Well Service rig. Flow well down. TOH w/rods and tbg. and pump.

10/22/92 TIH w/csg. guns. Perf. (10) .42 holes as follows: 7467-7474'. TOH w/guns. Acidize perfs with 1200 gals 7½% Ne Fe.

10/27/92 TIH w/guns & Perf. (14) .42 holes as follows: 7413-7425'. TOH w/guns. Acidize w/1200 gals. 7½% NeFe. Swab test.

10/30/92 TIH w/pump and (15) 7/8" rods on pump, (282) 3/4" rods, (106) 7/8" rods. Space well out and put well on pump. Rig down.

Well placed on production.



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

SIGNED

Carol J. Garcia

TITLE

Production Supervisor

DATE

11/18/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS

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