

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Gas
☒ Well ☐ Well ☐ Other

2. Name of Operator

STRATA PRODUCTION COMPANY

3. Address and Telephone No.

P. O. Box 1030

Roswell, New Mexico 88202-1030 505-622-1127

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

460' FNL & 1650' FWL

Section 14-23S-32E

5. Lease Designation and Serial No.

NM-84729

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Cuervo Federal #2

9. API Well No.

30-025-31434

10. Field and Pool, or Exploratory Area

Diamondtail Delaware

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

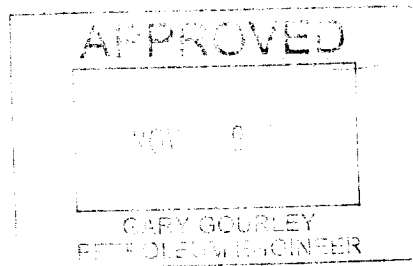
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ OTHER Fracture Stimulate
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

1. Fracture Stimulate the Delaware "A-1" and "A-2" zones. (7088-7151')
2. POH w/rods, pump and tubing. TIH w/pakcer and RBP.
3. POH w/tubing and packer. Prep to frac down tubing.
4. Swab and flow to recover load and test.



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

Signed Kenneth M. Britt

Title Production Analyst

Date 11/05/2001

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

KZ

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