

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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)

560' FSL & 660' FWL
Section 11-23S-32E

5. Lease Designation and Serial No.

NM-85940

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Urraca Federal #2

9. API Well No.

30-025-31625

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

TYPE OF ACTION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

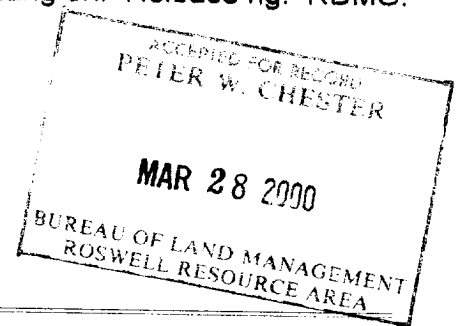
☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ OTHER

☐ 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.)*

12/01/99: MIRU. TOH with rods, pump and tubing. NU BOP.
12/02/99: Perf 11 .42 holes at 7043'-7050'.
12/03/99: Acidize with 800 gallons acid. Swab test.
12/06/99: TOH with tools. TIH with production string, pump and rods. Hang on. Release rig. RDMO.
12/07/99: Start pumping unit. Placed on production.



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

Signed Carol J. Garcia Title Production Records Manager Date 3/13/2000

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

JE GWV