

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
ND60-3160-4

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Strata Production Company		3a. Area Code & Phone No. 505-622-1127
3. ADDRESS OF OPERATOR P. O. Box 1030, Roswell, New Mexico 88202-1030		8. FARM OR LEASE NAME Urraca Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 660' FWL		9. WELL NO. #2
14. PERMIT NO. 30-025-31625		10. FIELD AND POOL, OR WILDCAT Diamondtail Delaware
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3720' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11-23S-32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	Production Casing & Cement		X

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

17. DESCRIBE PROMISED 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.)

9/17/92 Drilled to 9214' TD. Ran 220 joints 17# N80 and J55 5 1/2" casing. Cemented at 9214' first stage with 950 sacks 50/50 Poz Mix, 5# per sack salt, 1/4# per sack Flocele, and second stage with 635 sacks 50/50 Poz Mix, 5# per sack salt, 1/4# per sack Flocele. Circulated 75 sacks cement from first stage to pit. First stage PD at 6:30 PM and second stage PD at 10:30 PM on 9/17/92. WOC. Released rig at 2:00 AM on 9/18/92.

23 1992

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 9/18/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side