

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

RM Roswell District  
Modified Form No.  
NM60-3160-4

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"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-62224                       |  |
| 2. NAME OF OPERATOR<br>Strata Production Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1C30, Roswell, New Mexico 88202-1030  |  | 7. UNIT AGREEMENT NAME  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>330' FSL & 2310' FEL |  | 8. FARM OR LEASE NAME<br>Aracanga Federal                             |  |
| 14. PERMIT NO.<br>30-025-31650  |  | 9. WELL NO.<br>#1   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3677' GR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat Delaware                    |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 4-23S-32E |  |
|   |  | 12. COUNTY OR PARISH<br>Lea   |  |
|   |  | 13. STATE<br>NM   |  |

16. 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 PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                          |

SUBSEQUENT REPORT OF:

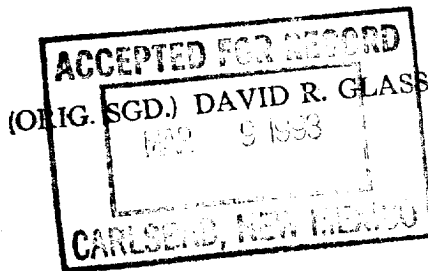
|                                     |                                     |                 |                          |
|-------------------------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF                      | <input type="checkbox"/>            | 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) Spud and Run 13 3/8" casing | <input checked="" type="checkbox"/> |                 |                          |

(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.)\*

02/23/93: MIRU Grace Drilling Rig #405. Spud 17 1/2" hole at 7:00 PM on 2/23/93.

02/24/93: Ran 10 joints 13 3/8" 48# H40 casing. Cemented at 365' with 350 sacks Class "C" with 2% CaCL. Circulated 100 sacks cement to pit. Plug down at 8:30 AM on 2/24/93. WOC. Test BOP to 600#. Held OK.



RECEIVED  
MAR 9 8 25 AM '93  
CARLSBAD, NEW MEXICO

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 3/5/93

(This space for Federal or State office use)

PETROLEUM ENGINEER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

posted to ID 5/26