

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.
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 505-622-1127		5. LEASE DESIGNATION AND SERIAL NO. NM-62224
2. NAME OF OPERATOR Strata Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1030, 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 1650' FSL & 1650' FEL				8. FARM OR LEASE NAME Aracanga Federal
14. PERMIT NO. 30-025-31651		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3684' GR		9. WELL NO. #2
				10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9-23S-32E
				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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) Evaluating - Suspend Operation ☒

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

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.)*

Reached TD at 8985' on 9/8/92.

Perfs and acidized as follows:

8602' - 8635' (15) .42 holes. Acidized with 1400 gal 7 1/2% NEFE.
8520' - 8546' (14) .42 holes. Acidized with 1100 gal 7 1/2% NEFE.
8477.5' - 8481' (8) .42 holes. Acidized with 1000 gal 7 1/2% NEFE.
7436.5' - 7468' (19) .42 holes. Acidized with 1650 gal 7 1/2% NEFE. Fracd with 440 bbls 2% KCL with 35# X-link gel, 45000# 16/30 SLC and 12000# 16/30 SDC.
7189' - 7194' (12) .42 holes. Acidized with 1475 gal 7 1/2% NEFE. Squeeze with 50 sacks Class "P" neat.

Set CIBP at 8450' with 30' of cement on top and at 8590' with 35' of cement on top.

Swab tested. 5% oil cut and 95% water cut. TOH with tubing and LD. Flanged up wellhead.

Well being evaluated at this time. Operations suspended.

As

1992

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 11/5/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side