

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND AMANGEMENT

N OILCONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-85939

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Colitri Federal #1

9. API Well No.

30-025-31968

10. Field and Pool, or Exploratory Area

Diamondtail Delaware

11. County or Parish, State

Lea County, New Mexico

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)

990' FSL & 330' FEL

Section 10-23S-32E

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER <u>Place on Production</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

11/29/95: MIRU pulling unit. RU swab. NU wellhead. Swab test well. FL 3900'. Rec 17 BO and 92 BW. Prep to isolate and evaluate lower zone.

11/30/95: Swab test. WO pumping unit. Motor must be rebuilt. Prep to set pumping unit and run production string.

RECEIVED
DEC 1 10 55 AM '95

JAN 17 1996
SJS

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

Signed Carol J. Garcia

Title Production Records Manager

Date 11/30/95

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

* See Instruction on Revers Side