

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

P.O. Box 1980  
Hobbs, NM 88241

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)

660' FSL & 660' FWL  
Section 27-23S-34E

5. Lease Designation and Serial No.

LC-071949

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Papagayo Federal #1

9. API Well No.

30-025-32543

10. Field and Pool, or Exploratory Area

Bell Lake Delaware East

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

- ☒ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |  |  |
|--|--|
| <input type="checkbox"/> Abandonment                                   | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Recompletion                                  | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Plugging Back                                 | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair                                 | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing                               | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other <u>Use On Lease/Vent Gas</u> | <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.)\*

Strata Production Company requests approval to use on lease and/or vent produced gas. The well produces approximately 5 MCFGPD and uses approximately 5 MCFGPD to operate the heater treater with TSTM MCFGPD vented. A gas market is not available for the low volume.

PLEASE REPORT VOLUMES ON MMS 3160 FORM

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

Signed Carol J. Garcia

Title Production Records Manager

Date 2/1/99

(This space for Federal or State office use)

Approved by

JOHN BENJAMIN BAHYAK

Title PETROLEUM ENGINEER

Date

**FEB 10 1999**

Conditions of approval, if any:

RECEIVED  
FEB 02 99  
KOSOVIL NK