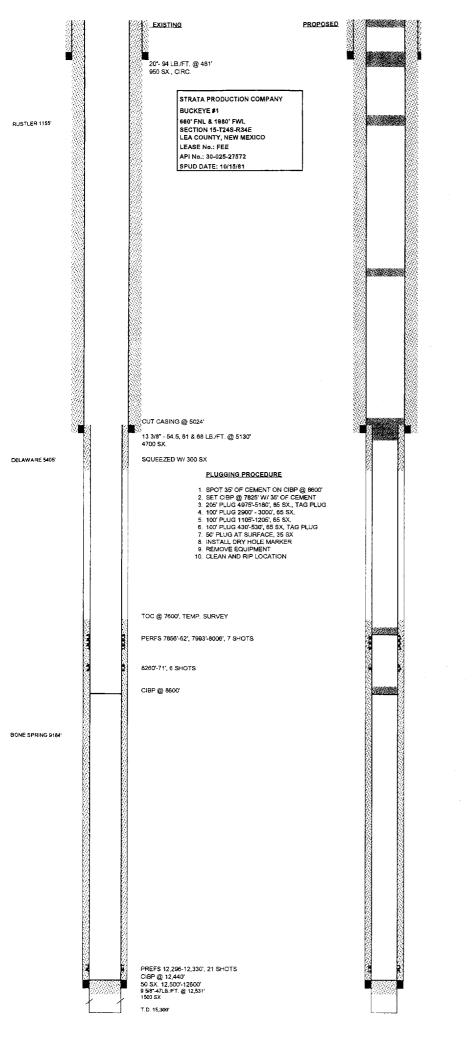
		Stat	e of New M	lexico				Form C-103		
Suhmit 3 Copies o Appropriate	Energy, Mi			Resources Depa	artment			Revised 1-1-8	19	
District Office										
DISTRICT I	OIL			ON DIVISIO	N					
625 N. French Drive, Hobbs, NM 882	NM 88240 2040 South Pacheco Santa Fe, New Mexico 87505					WELL API NO. 30-025-27572				
DISTRICT II					5. Indicat	e Type of Lease	STATE	FEE	X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	•				6. State C	il & Gas Lease l	No.			
(DO NOT USE THIS FORM FOR DIFFERENT R	OTICES AN PROPOSALS TO RESERVOIR. US RM C-101) FOR	DRILL OR E "APPLIC <i>I</i>	TO DEEPEN O TION FOR PE	OR PLUG BACK TO	A 7. Lease 1	Name or Unit Ag	reement Name	e		
1. Type of Well: OIL GAS WELL X WELL	отн	ER				Bucke	eye			
2. Name of Operator					8. Well N					
STRATA F	PRODUC	<u> </u>	OMPAN'	Υ		#1				
3. Address of Operator P.O. BOX 10	30, ROSWE	L, NEW	MEXICO 8	38202-1030	9. Pool N	ame or Wildcat Wildca	at Delay	ware		
4. Well Location Unit Letter C :	660 Feet	From The _	North	Line and	1980	Feet	From The	West	Line	
Section 15 Tow	enship 24	South		Range 34	East	NMPM	Lea	Cou	ntv	
Section 10 Tow			10w whether DF,	RKB, RT, GR, etc.)		-				
				16' GR			*			
1. NOTICE OF IN			x to Indicat	e Nature of Not		rt, or Other QUENT RE		F:		
PERFORM REMEDIAL WORK	PLUG	AND ABANI	oon X	REMEDIAL WO	RK	AL	TERING CAS	ing		
IEMPORARILY ABANDON	CHAN	GE PLANS		COMMENCE DR	ILLING OPN	S. PLI	UG AND ABA	ANDONMEN"	r 🔃	
PULL OR ALTER CASING				CASING TEST AN	ND CEMENT	ЈОВ				
OTHER:				OTHER:						
2. Describe Proposed or Completed SEE RULE 1103	Operations (Clea	rly state all	pertinent details	, and give pertinent	dates, includir	g estimated dat	e of starting	any proposed	l work)	
Plugging Pro	ocedure:									
2. Si 3. 20 4. 10 5. 10 6. 10	05' plug 49 00' plug 29 00' plug 11 00' plug 43	? 7825' 975' - 5 900' - 3(105' - 12 30' - 53(with 35' (180', 85 (000', 65 (205', 65 (0', 65 sac	of cement sacks, Tag I sacks sacks cks, Tag Plu	-					
8. In 9. R	o' plug at s stall dry h emove eq lean and r	ole mai uipmen	rker it	S			25,1101681			
			4.) 20.	COMMISSIC UPS IR OR T GUING OPER BE APPROVER	ic the rations	BEGINNII	NG OF			
I hereby certify that the information a	bove is true and co	mplete to the l	pest of my knowl	edge and belief.						
SIGNATURE SIGNATURE	man	jul .	ritle PR	ODUCTION RE	CORDS		DATE	05/13	/១กกว	

KELLY M. BRITT TYPE OR PRINT NAME 505-622-1127 Ext 15 TELEPHONE NO. (This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE



State Williams