

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.

Com SW-470

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM-0336039

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Petroleum Production Management, Inc.		8. FARM OR LEASE NAME Midwest "G" Fed. Com
3. ADDRESS OF OPERATOR P.O. Box 957 Crossroads, New Mexico 88114 (Pho. 675-2478)		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UL "F", 1980' FNL and 1980' FWL Sec. 31, T-9-S, R-34-E Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Vada Penn
		11. SEC. T. R. M. OR B.L. AND SURVEY OR ABMA Sec. 31, T-9-S, R-34-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

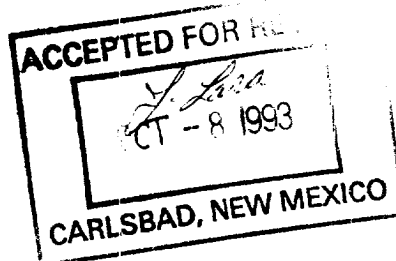
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Production report	<input checked="" type="checkbox"/>
(Other)	<input 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 a 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.)*

1. Well put on production June 9, 1993

2. Production: June 13, 1993

192 BWPD
0 BOPD
10 MCFPD



RECEIVED
JUL 20 11 10 AM '93

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

SIGNED

[Signature]

TITLE

District Superintendent

DATE

6-13-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: