

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.
NM 4039 B

7. Lease Name or Unit Agreement Name

Will 693 Ltd.

8. Well No.

3

9. Pool name or Wildcat

Milnesand Abo - Vada Penn

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Petroleum Production Management, Inc.

3. Address of Operator

P.O. Box 957, Crossroads, NM 88114

4. Well Location

Unit Letter N : 510' Feet From The South Line and 1980' Feet From The West Line

Section 34 Township 8-S Range 35-E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4282' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: commingle Milnesand Abo & Vada Penn ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rig up workover unit, pull rods and tubing.
2. Trip in hole with Jumbo Jet Gun and perforate 9760' - 9774' with 4 shots per foot. Pull gun out of hole.
3. Pick up 5½" packer. Trip in the hole and set packer at 9700'.
4. Acidize with 1500 gallons of 20% NE/FE acid and over flush with 50 Bbls. fresh water. Release packer and pull out of hole.
5. Trip in hole with production tubing, pump and rods.
6. Put well on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Gary T. Cothran

TITLE

District Superintendent

DATE

12-4-95

TYPE OR PRINT NAME

Gary T. Cothran

TELEPHONE NO.

(505) 675-2471

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 12 1995

