

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL & GAS COMMISSION
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.

API 30-041-02861

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Petroleum Production Management, Inc.		8. FARM OR LEASE NAME Will 693 Ltd.	
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2100' FSL & 1980' FEL, Sec. 34, T-8-S, R-35-E <i>Unit 7</i>		10. FIELD AND POOL, OR WILDCAT Wildcat San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 34, T-8-S, R-35-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4173.8 GL		12. COUNTY OR PARISH Roosevelt	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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Swab</u>	

(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.)*

7-22-91—Moved in and rigged up swab rig. Made 30 swab runs, recovered 151 barrels of salt water. No show of oil or gas.

7-23-91—Made 24 swab runs, recovered 120 barrels of salt water. No show of oil or gas. Rigged down swab unit. Evaluating options.



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

SIGNED Peter W. Chester

TITLE District Superintendent FOR RECORD DATE 7-24-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 30 1991

BUREAU OF LAND MANAGEMENT
CROSWELL RESOURCE AREA