

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

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

WELL API NO.	30-025-31017
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	L-332

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
Suite 200/Sutton Place Bldg. Wichita, Kansas 67202

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 36 Township 9-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4285.9' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Progress Report</u> <input checked="" type="checkbox"/>

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.

10-30-90—Drilling 7 7/8" hole to 4690'. Picked up core barrel. Cut 30' core from 4690' to 4720'. Drilled to TD at 4770'.
10-31-90—Started logging.
11-1-90—Finished logging at 12:00 midnight.
11-2-90—Ran 5 1/2" J-55, 14# casing to 4746'. Cemented with 150 sacks of 50 x 50 Pos mix cement. Released drilling rig and waiting on completion rig.

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 11-29-90
TYPE OR PRINT NAME Gary T. Cothran TELEPHONE NO. 675-2478

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: