

UNITED STATES **N. M. OIL CONS. COMMISSION**
DEPARTMENT OF THE INTERIOR **PERMIT FOR 1980**
GEOLOGICAL SURVEY **HOBBS, NEW MEXICO 88240**

Form approved
Budget Bureau No. 42-R1424

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 <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO NM 58537
2. NAME OF OPERATOR Petroleum Production Management, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 200 Sutton Place Bldg. Wichita Kansas 67202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL and 660' FSL SE/4 SW/4	8. FARM OR LEASE NAME Irex Federal
14. PERMIT NO	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4051 DF	10. FIELD AND POOL, OR WILDCAT Allison Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-8-S, R-37-E
	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 type="checkbox"/>
REFILL WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandon <input checked="" 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 any 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.)*

We desire to continue holding this well on a temporary abandon status for possible future use as a salt water disposal well in the San Andres Formation.



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

SIGNED *Peter W. Chester* TITLE District Engineer DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY _____
CONTENTS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR 12 MONTH PERIOD
ENDING JUL 7 1990

*See Instructions on Reverse Side

