N. M. OIL CONS. COMMISSION

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orm %=331 M . 1965	DEPAR	L .TED STATES	P.O.BOX,1994 IN THE LICATE THORES NEW MEXICO 18240	Form Approve Budget Burea 5. LEASE DESIGNATION	u_No_42-R1424	
	GEOLOGICAL SURVEY				NM 4039-E	
SUNDRY NOTICES AND REPORTS ON WELLS (Lo 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.)				G. IF INDIAN, ALLOTTEE OR TRIBE NAME		
GIL X GAS OTHER				7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR				8. FARM OR LEASE NAME		
Petroleum Production Management, Inc.				Will 693 Ltd.		
3. ADDRESS OF OPERATOR				S. WELL NO.		
Suite 200/Sutton Place Bldg. Wichita, Kansas 67202				3		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIELD AND POOL, OR WILDCAT		
				Vada Penn Milneau		
				11. SEC., T., E., M., OR B SURVEY OR AREA	LE. AND Colo	
510' FSL and 1980 FWL, Sec. 34, T-8-S, R-35-E				Sec. 34, T-8-S, R-35-E		
4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			nether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
		4194' KB	4182' GL	Roosevelt	N.M.	
16.	Check		cate Nature of Notice, Report, or C	Other Data		
NOTICE OF INTENTION TO:				UENT REPORT OF:		
TEST WATE	R SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	I	
FRACTURE	TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	, -	
SHOOT OR	CIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	T-	

(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.).

(Other) __Acidized

8-16-90

REPAIR WELL

(Other)

Treated Abo perfs 8924'-8934' and 8938'-8948' with 10,000 gallons of 15% SGA acid in two equal stages using 500# benzoic acid flake for staging material. Swabbed well in and returned to flowing status.

CHANGE PLANS

18. I hereby DATE __ SIGNED ACCEPTED TOR PECONO PETER CHESTER (This space for Federal or State office use) DATE _ APPROVED BY CONDITIONS OF APPROVAL, IF ANY: SEP 1 9 1990 BUREAU OF ANAGEMENT *See Instructions on Reverse Side