

N. M. OIL CONS. COMMISS.
SUBMIT IN TRIPPLICATE
WITH INSTRUCTIONS ON REVERSE SIDE
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM 4039-B

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Petroleum Production Management, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		8. FARM OR LEASE NAME Will 693 Ltd.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 510' FSL and 1980 FWL, Sec. 34, T-8-S, R-35-E		9. WELL NO. 3	
		10. FIELD AND POOL, OR WILDCAT Vada Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-8-S, R-35-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4194' KB 4182' 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>PB & Side Track-Progress report X</u>	
(Other) <input 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.) *

7-1-90 through 7-4-90

Moved in and rigged up Norton Drilling rig # 4. Picked up drill pipe and TIH open ended. Tagged top of cement plug at 4280'. Spotted 345 sacks of cement in two stages. Pulled out of hole with drill pipe and waited on cement for two hours. Tagged top of cement at 4160' KB depth with 7 7/8" bit. Dressed off 15' of hard cement to 4175' KB depth and pulled out of hole with bit.

7-5-90

Picked up directional drilling equipment and tripped in hole on drilling string. Tagged top of plug at 4175' at 12:00 noon on 7-5-90 and started drilling to kick off and side track old hole.

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

SIGNED Wm. Grossbeck TITLE District Engineer

(This space for Federal or State office use)

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

DATE 7-6-90

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE _____

JUL 27 1990

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED
JUL 6 9 45 AM '90
BUREAU OF LAND MGT
ROSWELL RESOURCE AREA