

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-4039-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Will 693 Ltd.

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

12. COUNTY OR PARISH

Roosevelt

13. STATE

N.M.

1.

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. 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4194' KB

4182' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

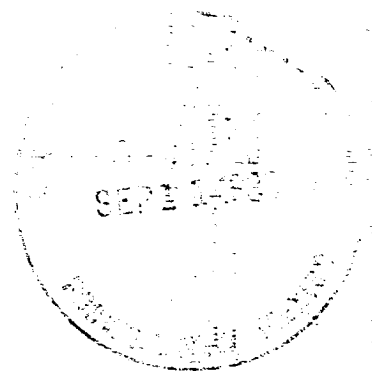
ABANDONMENT*

(Other)

(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.)*

1. Pull out of hole with rods and tubing.
2. Run string mill on tubing. Work through tight spots in casing at 6839' depth and clean out to top of fish at 9724' depth.
3. Continue dressing casing to 4 1/8" ID.
4. Recover all fish from well.
5. Sand pump well to original plug back depth of 9793'.
6. Restore well to production.



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

SIGNED

Wm. D. Groesbeck

TITLE

District Engineer

DATE 9-8-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE W. CHISTER

SEP 11 1989

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

SEP 12 1989

CCD
HOBBS OFFICE