

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

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

WELL API NO.
30-041-20848

5. Indicate Type of Lease
Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease 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"
(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

7. Lease Name or Unit Agreement Name

Will 693 Ltd.

8. Well No.

4

9. Pool name or Wildcat

Milnesand Abo + Uda Penn

4. Well Location
Unit Letter J : 1830 Feet From The South Line and 1900 Feet From The East Line
Section 34 Township 8S Range 35E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4174.6' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Commingle DHC-839 abo + penn ☒

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.

8-17-92--Rigged up unit and pulled rods and tubing. Perforated 9752' to 9762' with Jumbo Jet, 4 shots per foot and bullets 9752' to 9762', 4 shots per foot.

8-18-92--Tripped in hole with tubing and packer. Set packer at 9700'. Acidized zone with 1500 gallons of 20% NE-FE acid.

8-19-92--Ran tubing and rods and put well on production.

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 9-14-92
TYPE OR PRINT NAME Gary T. Cothran TELEPHONE NO. 675-2478

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: