

UNITED STATES N. M. OIL AND GAS COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.

NM 4039-B 30-041-20848

6. IF INDIAN, ALLOTTED OR TRIBE NAME

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Petroleum Production Management, Inc.		8. FARM OR LEASE NAME Will 693 Ltd.	
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UE "P" 1830' FSL & 1900' FEL		10. FIELD AND POOL, OR WILDCAT Milnesand Abo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-8-S, R-35-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174.6' 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Comingle-Milnesand & Vada Penn <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 and 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.) *

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.

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

SIGNED

Gary H. Heston

TITLE

District Superintendent

DATE

8-20-92

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

SEP 3 1992

BUREAU OF