

N. M. OIL CONS. COMMISSION
UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 4039-B
2. NAME OF OPERATOR Petroleum Production Management, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FSL and 1900' FEL, Sec. 34, T-8-S, R-35-E		8. FARM OR LEASE NAME Will 693 Ltd.
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174.6 GL		10. FIELD AND POOL, OR WILDCAT Vada Penn
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABRA Sec. 34, T-8-S, R-35-E
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.) 10-30-90 Treated Abo perforations 8943'-8919' with 15,000 gallons of 20% SGA/FE acid in three stages using 400# benzoic acid flakes after first 5000 gallons of acid and after second 5000 gallons of acid. Well flowed back all load water and acid water. Returned well to flowing status.		12. COUNTY OR PARISH Roosevelt
13. STATE N.M.		

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Drilling Progress Report

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

SIGNED

Gary Hachman

TITLE District Superintendent

DATE 10-31-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED
FEDERAL BUREAU OF
LAND MANAGEMENT
CHESTER

NOV 19 1990

BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT OFFICE AREA

*See Instructions on Reverse Side

RECEIVED

NOV 21 1990

CC
HOSAS