Form 9-301 (May 1960)

## N. M. OIL CONS. COMMISS!

UN. ED STATES P. O. BOX STANT IN TRIP. ATE. DEPARTMENT OF THE INTERIOR 88240

rorm a	pprovea.		
Budget	Bureau	No.	42-R142

6. IF INDIAN, ALLOTTER OR TRIBE NAME

Will 693 Ltd.

4 10. FIELD AND POOL, OR WILDCAT

9. WELL NO.

GEOLOGICAL SURVEY							
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.)

7. UNIT AGREEMENT NAME ME'T X GAS WELL OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR

Petroleum Production Management, Inc. ADMESS OF OFERATOR

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

At surface Suite 200/Sutton Place Bldg.

1830' FSL and 1900' FEL

Sec. 34, T-8-S, R-35-E

Vada Penn
11. sec., T., R., M., OR BLK. AND
SURVEY OR ABBA

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4174.6' GL

Sec. 34, T-8-S, R-35-E 12. COUNTY OR PARISH | 13. STATE

Roosevelt N.M.

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14. PERMIT NO.

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

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FEACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDON MENT\* ABANDON\* SHOOT OR ACIDIZE (Other) Drilling Progress Report

REPAIR WELL CHANGE PLANS Cither

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

17. DESCRIBE PROPOSED OF 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.) •

9-25-90 through 9-27-90

Drilled 7 7/8" hole to 7200' at 6:00 A.M. 9-27-90.

9-28-90 through 9-30-90

Drilled 7 7/8" hole to 7937' at 6:00 A.M. 9-30-90.

10-1-90 through 10-2-90

Drilled 7 7/8" hole to 8350' at 10:00 A.M. 10-2-90.



	hereby certify that the torgeoing is true and correct	TITLE District Superintendent	
A	This space for Pederal or State office use)	TITLE	PETER W. CHESTER  DATE
C	CONDITIONS OF APPROVAL, IF ANY:		OCT 5 1990
	*Se	e Instructions on Reverse Side	BUREAU OF LAND MANAGEMENT ROSWELL RESCURCE AREA

OCT 1 0 1890
HOUSE CHICK