

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
UNITED STATES 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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.	
		9. WELL NO. 4	
		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	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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 COMPLETE <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Drilling Progress Report</u> <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 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.)*

12-20-89 through 12-29-89—Made 21' progress to 35' depth.
 12-30-89 through 1-1-90—Shut down for weekend and New Year's Day.
 1-2-90 through 1-31-90—Made 67' progress to 102' depth.
 2-1-90 through 2-28-90—Made 49' progress to 151' depth.
 3-1-90 through 3-31-90—Hole caved in 19' on March 5, 1990. Took until March 20 to bail out to original depth then drilled 10' to a depth of 161'.
 4-1-90 through 4-30-90—Made 21' progress to 182' depth.
 5-1-90 through 5-31-90—Made 23' progress to 205' depth.
 6-1-90 through 6-30-90—Made 21' progress to 226' depth.



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

SIGNED

Peter W. Chester

TITLE

District Engineer

DATE

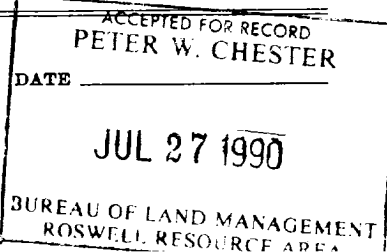
7-24-90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side