

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL 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—" for such proposals.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Petroleum Production Management, Inc.</p> <p>3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2100' FSL & 1980' FEL</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Will 693 Ltd.</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat Milnesand - San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR ABMA Sec. 34, T-8-S, R-35-E</p> <p>12. COUNTY OR PARISH Roosevelt</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4173.8' CL</p>	

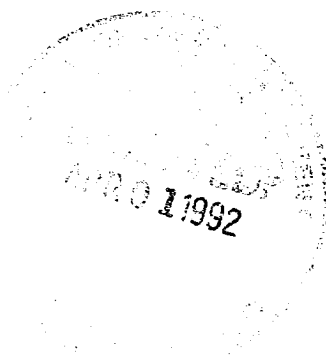
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporary Abandonment</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 an 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.)*

Request this well be temporary abandoned while we evaluate our options.



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

SIGNED *Mary A. Heath* TITLE District Superintendent DATE 3-31-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE 12 MONTH PERIOD
CONDITIONS OF APPROVAL, IF ANY: ENDING 4/27/93

APPROVED
PETER W. CHESTER
DATE
APR 27 1992
BUREAU OF LAND MANAGEMENT
ROSWELL REGIONAL OFFICE

*See Instructions on Reverse Side