	OMMISSION TINITED STAT		SUPPLIT, IN TRIPLICA	For	m approved.	
(May 1963) P. O. BOX 1980	ART NT OF THE		Arbbr Streenut - ne or	Duc Duc	dget Bureau No. 42-R14 SIGNATION AND BERIAL NO	
HOBBS, NEW ME	1/1/2 A 1/2		Address black in the	N.	-041-02861 403	n
	GEOLOGICAL SL	JRVET	N 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.	ALLOTTES OR TERES NAL	
The most many this form for	proposals to drill or to deep	pen or plug bad	NoWELLS	E. H.		
Use "A	PPLICATION FOR PERMIT-	-" for such proj	bosals.MAY 2 3 1991	7. UNIT ACE	REMENT NAME	
OIL TO GAS	HER			~ /		
2. NAME OF OPERATOR		/	FIG. et	8. FARM OR	LEASE NAME	
Petroleum Production	Management, Inc		L'an set	Wil	1 693 Ltd.	
3. ADDRESS OF OPERATOR	i idilagemente i inc.		CIL, NEW	9. WELL NO.		
Suite 200/Sutton pla	ace Bldg. Wichit	a, Kansas	67202		5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					ND POOL, OR WILDCAT	
At surface					at San Andres	
2100' FSL & 1980' FEL Sec. 34, T-8-S, R-35-E					R., M., OR BLK. AND IT OR ADDA	
					Sec. 34, T-8-S, R-35-E	
					· · · · · · · · · · · · · · · · · · ·	
14. PERMIT NO. 15. ELEVATION		(Show whether DF, RT, GR, etc.)		12. COUNTY	12. COUNTY OR PARISH 13. STATE	
	4173.	4173.8' GL		Roosevelt N.M.		
16. Che	ck Appropriate Box To	Indicate No	iture of Notice, Report,	or Other Data		
				BREQUENT REPORT C)F :	
NOTICE 0.	F INTENTION TO.		50			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	, <u> </u>	WATER SHUT-OFF		EPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT		LTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		(Other) Squeeze	· [BANDONMENT [®]	
REPAIR WELL	CHANGE PLANS		(NOTE: Report r	esults of multiple c	ompletion on Well	
(Other) 17. DESCRIBE PROPOSED OR COMPLE			Completion or Re	completion Report a	and Log form.)	
5-14-91Perforated with 500 g G into zon 5-15-91Set retain at 4814'-4 5-16-91Pumped 400 5-17-91Pumped 300	t 4798' to bottom from 4840' to 484 allons of 20% FE a e. er at 4768'. Pump 822'. sacks of cement i sacks of cement, 752'-4762'. Rever rs. t 57' of cement to 0 gallons of 10% a r foot.	4861'. 42' with 4 acid. Pum bed 70 sac achieved ach	A shots. Set retained 3000 gallons eks of Micro-Mutri prations at 4814'- 2000# squeeze on 5 1/2 barrels of o retainer at 4768'. et ainer at 4768'. Perf	ainer at 4832 of Halliburt ix cement int -4822'. zone at 4814 cement. Wait	2'. Acidized con Injectrol co perforations 4'-4822' ted on cement	
$ \rightarrow $			······			
18. I hereby certify that the for	going is true and correct		• • • • •			
SIGNED SIGNED	coltrai_	TITLE Dist	rict Superintende	ent DATE		
(This space for Federal or S	tate office use)			PETE	R W. CHESTER	Ì
APPROVED BY		TITLE		DATE		-
CONDITIONS OF APPROVA	L, IF ANY:			MAY	(24 :391	
			.			
	*See	Instructions	on Reverse Side	BUREAU OF	RESC REF TEA	