

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
N.M. 40 34-5  
API 30-041-02861

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Petroleum Production Management, Inc.		8. FARM OR LEASE NAME Will 693 Ltd.	
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		9. WELL NO. 5	
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 Sec. 34, T-8-S, R-35-E		10. FIELD AND POOL, OR WILDCAT Wildcat San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-8-S, R-35-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4173.8 GL		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:		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>Completion</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.)\*

4-3-91---Rigged up well service unit. Drilled out 17' soft cement to 4865'.  
 4-4-91---Ran CN/GR/CCL logs from 4865' to 4500'. Perforated and acidized with 500 gallons of 20% MCA acid from 4814'-4822'.  
 4-5-91---Swabbed back load (53 barrels) plus 150 barrels salt water.  
 4-6-91---Swabbed 150 barrels of salt water.  
 4-7-91---Swabbed 150 barrels of salt water.  
 4-8-91---Ran bond log and set retainer at 4800'.  
 4-9-91---Perforated and acidized with 1000 gallons of 20% NE/FE acid from 4752'-4762'.  
 4-10-91---Swabbed 100% salt water.  
 4-11-91---Swabbed 100% salt water.  
 4-12-91---Rigged down well service unit. Evaluating options.

RECEIVED  
APR 15 7 57 AM  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

SIGNED <u>Gary J. Ketchum</u>	TITLE <u>District Superintendent</u>	DATE <u>4-12-91</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD PETER W. CHESTER
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

MAY 6 1991