

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

H. M. GILBERT
SUBMIT IN PERSON
(Other instructions on reverse side)
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.
NM 4039-B
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 696 Ltd.	
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 900/8 + 1980/E		10. FIELD AND POOL, OR WILDCAT Wildcat-San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34 8S 35E	
14. PERMIT NO. 30-041-20862	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4181.2' GL	12. COUNTY OR PARISH Roosevelt	13. STATE N.M.

18.

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) <input 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 and 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 a one (1) year extension of our Application to Drill approved January 31, 1991 on the above well.



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

SIGNED

Ray J. Cochran

TITLE

District Superintendent

DATE

2-26-92

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
MAR 3 1992
BUREAU OF LAND MANAGEMENT

*See Instructions on Reverse Side

RECEIVED

MAR 05 1992

100 HOBBS CTR