

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
SUBMIT IN TRIPLICATE
Other Instructions
verse side)
BOB NM 88241

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		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 P.O. Box 957 Crossroads, New Mexico 88114		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 900' FSL 1980' FEL, Sec. 34-8S-35E (UNIT M) (SESW)		8. FARM OR LEASE NAME Will 693 Ltd.
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4181.2' GL.		10. FIELD AND POOL, OR WILDCAT Wildcat-San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-8S-35E
		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 checked="" type="checkbox"/>	(Other) <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 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.)

Application to Drill for above well was approved on January 31, 1991.

It is proposed to revise the casing and cementing program, as follows:

8-5/8", J-55, 24# casing set at 400'± cement with 400± sx to culate to surface.

5-1/2", J-55, 15.5# casing set at 5000'±. Cement with 250± sx bring cement at least 600' above producing zone. This should isolate all water, oil and gas porosity zones.

RECEIVED
FEB 6 9 30 AM '91
BUREAU OF LAND MGMT
ROOSEVELT AREA

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

SIGNED <u>Jerry W. Long</u> (This space for Federal or State office use)	TITLE <u>Permit Agent</u>	DATE <u>Feb. 4, 1991</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE _____

*See Instructions on Reverse Side

