

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-22765
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-6272 B-399-35

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name State 19 Com.
2. Name of Operator Petroleum Production Management, Inc.	8. Well No. 1
3. Address of Operator Suite 200/Sutton Place Bldg. Wichita, Kansas 67202	9. Pool name or Wildcat Wolfcamp
4. Well Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line Section 19 Township 13-S Range 33-E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4279' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Plug back and Perforate in Wolfcamp ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-29-90--Moved in and rigged up well service unit.
8-30-90--Pulled out of hole with rods and tubing. Perforated 9369'-9373' with 4 SPF.
8-31-90--Set retrievable bridge plug at 9500'. Acidized with 2000 gallons 20% NE-FE acid.
9-2-90 through 9-7-90--Swabbed well.
9-8-90--Ran tubing and rods. Started well pumping.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gary T. Cothran TITLE District Superintendent DATE 4-23-91
TYPE OR PRINT NAME Gary T. Cothran TELEPHONE NO 675-2478

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL IF ANY:

APR 25 1991

34 Baum upper Penn E