

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Snyder Oil Corporation</p> <p>3. ADDRESS OF OPERATOR P.O. Box 2038 Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1553' FSL & 1520' FEL Section 26, Township 26N, Range 8W</p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NMSF078431</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Con Hale 3E</p> <p>9. WELL NO. 2598400 30-045-25984</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

*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.)*

Snyder Oil Corporation requests a postponement to plug the Con Hale 3E until April 1, 1997. Negotiations are proceeding to sell Snyders' Farmington operation to another operator as of October 1, 1996. Working interest ownership will change as a result of this sale. New AFE's will be sent out as soon as possible.

RECEIVED
SEP 1 1996
NO. 1004-0135
SEP 1 1996

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

SIGNED [Signature] TITLE Engineer DATE Sept. 3, 1999

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

A P E D
SEP 1 1996
/S/ Duane W. Spencer