(No		BURE	UNITED STATES MENT OF THE INT AU OF LAND MANAGE	TERIOR Terme a		Form appreau Budget Bu Expires At 5. LEASE DESIGN. SF_0782 6. IF INDIAN, AL	reau No. 10 ugust 31, 19 ATION AND BE	BIAL NO.		
	SUND (Do not use this for	SUNDRY NOTICES AND REPORTS ON WELLS 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.)					O III INDIA, ADDOTTES UR TRISE NAME			
	WELL WELL GAS	отназ				7. UNIT AGREEMS	EKAK TH			
	Snyder Oil Corporation					S. PARM OR LEASE NAME Lea 1M				
	P.O. Box 2038 Farmington, NM 87499					9. WALL NO. 30-048-73617				
	LOCATION OF WELL (Re) See also space 17 below At surface	OCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface					10. FIELD AND POOL, OR WILDCAT			
	790	790' FNL & 1680' FWL, Sec 30, T31N, R12W, NMPM				Basin DK/Blanco MV 11. SBC, T., R., M., OR BLK. AND SURVEY OR ARRA				
14.	PERMIT NO.		15. BLEVATIONS (Show whe	ther DF, RT, GR, etc.)		12. COUNTY OR 1	PARISH 18.	TATE		
						San Jua	1	NM		
	FRACTURE TREAT		PULL OR ALTER CASING MULTIPLE COMPLETE	1 1	R SHUT-OFF	7	BING WELL			
17.	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FRACT SHOOM (Other	TUBE TREATMENT TING OR ACIDIZING OR (NOTE: Report results	ALTER ABAND	ING CASING ONMENT*	X x in arting any ones perti-		
17.	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED OR C proposed work. If y nent to this work.) All reg acc	ompleted or rell is direction surface arding for omplished	MULTIPLE COMPLETE ABANDON*	of this localish establish	rune TREATMENT TING OR ACIDIZING (NOTE: Report results Completion or Recomp I give pertinent dates, saured and true vertice have been comp	of multiple completion Report and I including estimate al depths for all modelied with g has been	etion on Wellog form.)	RECEIVED		

18. I hereby certify that the foregoing in true and correct				
SIGNED GOVERSE Wayne Converse	TITLE Engineer	DATE	Sept.	4, 1996
(This space for Federal or State office use)				
APPROVED BY	Senior Technical Specialist, FCS _	DATE _		· .