Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N French Dr , Hobbs. NM 88240
District II – (575) 748-1283
811 S First St , Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd , Aztec, NM 87410
District IV – (505) 476-3460
1220 S St Francis Dr , Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

WELL API NO.
30-015-22283

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LO-0423-001

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)

7. Lease Name or Unit Agreement Name
Eddy GK State Com 1

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

8. Well Number 1

2. Name of Operator
Snow Oil & Gas Inc

9. OGRID Number 021013

3. Address of Operator
P.O. Box 1277
Andrews, TX 79714

10. Pool name or Wildcat
PENASCO DRAW; MORROW (GAS)

4. Well Location
Unit Letter I : 1980 feet from the South line and 660 feet from the East line
Section 19 Township 18S Range 25E NMPM County Eddy

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3624' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER: Shut In well	☒			OTHER:	☐		

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SI well due to high line pressure on Enterprise gas line for unknown time period. Will advise when well is put back on production. Will provide periodic 4 hour flow tests. To be effective of NMNOCD approval.

RECEIVED
APR 11 2012
NMOCD ARTESIA

KRDade 04/11/2012
Accepted for record
NMOCD

Spud Date: Rig Release Date:

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

SIGNATURE Joe Lindemood TITLE DATE 4/10/12

Type or print name Joe Lindemood E-mail address: joe@snowoilandgas.com PHONE: 432/524-2371

For State Use Only

APPROVED BY: TITLE DATE

Conditions of Approval (if any):