

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse side)

RM Rowell District
Modified Form No.
NM50-3160-4

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Snow Oil and Gas Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1294 Andrews Texas 79714

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660 FNL and 330 FWL Unit D

RECEIVED

FEB 15 '90

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

O. C. D.

ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM015068

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Loco Hills, S (7rvs-Q-GRBG-SA)

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec 33-T18S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Change in Operator (previous operator Frostman Oil Co.)

ACCEPTED FOR RECORD

FEB 5 1990

CARLSBAD, NEW MEXICO

RECEIVED

RECEIVED

FEB 17 11 00 AM '90

I hereby certify that the foregoing is true and correct

SIGNED Sandra J. Snow TITLE Asst. Secretary

DATE 1-22-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side