

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NMD60-3160-4

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.)

RECEIVED

FEB -1 '90

|                                                                                                                                                                        |  |                                                            |  |                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                       |  | 3a. Area <u>915</u> <u>524-6873</u> <u>ARTESIA, OFFICE</u> |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM0924                             |  |
| 2. NAME OF OPERATOR<br>Snow Oil and Gas Inc.                                                                                                                           |  | 3b. <u>915</u> <u>524-6873</u> <u>ARTESIA, OFFICE</u>      |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1294 Andrews Texas 79714                                                                                                            |  |                                                            |  | 7. UNIT AGREEMENT NAME                                                    |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980 FNL and 660 FEL Unit H |  |                                                            |  | 8. FARM OR LEASE NAME<br>Alscott                                          |  |
|                                                                                                                                                                        |  |                                                            |  | 9. WELL NO.<br>2                                                          |  |
|                                                                                                                                                                        |  |                                                            |  | 10. FIELD AND POOL, OR WILDCAT<br>Loco Hills, S. (7rvs-Q-GrEG-SA)         |  |
|                                                                                                                                                                        |  |                                                            |  | 11. SEC. T., R., M., OR BLK. AND<br>SURVEY OR ARRA<br>Sec. 31, T18S, R29E |  |
| 14. PERMIT NO.                                                                                                                                                         |  | 15. ELEVATIONS (Show whether OP, ST, OR, etc.)             |  | 12. COUNTY OR PARISH<br>Eddy                                              |  |
|                                                                                                                                                                        |  |                                                            |  | 13. STATE<br>N. M.*                                                       |  |

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 type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         | (Other) <input type="checkbox"/>                                                                      |                                          |
| (Other) <input type="checkbox"/>             | XX <input checked="" type="checkbox"/>        | (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. )

RECEIVED

06:10:53 AM  
JAN 31 1990

ACCEPTED FOR RECORD

JAN 31 1990

CARISBAD, NEW MEXICO

RECEIVED

JAN 31 11:11 AM '90

18. 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