Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
NOV 12 1992
O.C.D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. K-4795

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: Palmillo St.

2. Name of Operator: Snow Oil & Gas, Inc.

8. Well No. 2

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

9. Pool name or Wildcat: Turkey Track (Atoka)

4. Well Location
Unit Letter J : 1796 Feet From The South Line and 1980 Feet From The East Line

Section 32 Township 18 S Range 29 E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
10800	Atoka	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
G.L. 3421	Statewide Blanket		11-16-92

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 ½	13 3/8"	54.5	400'		Surf.
11	8 5/8"	24/32	3828'		Surf.
7 7/8	4 ½"	11.6	11307'		7930 (CBL)

Propose to plug back the existing well bore to 10,800' ± and perforate the Atoka Interval @ 10750' ±. An Acid job and a Frac treatment will be performed for zone stimulation.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/1/93
UNLESS DRILLING UNDERWAY.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Sam L Snow TITLE Engineer DATE 11-11-92

TYPE OR PRINT NAME Sam L. Snow TELEPHONE NO. (915)524-2371

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE NOV 19 1992

CONDITIONS OF APPROVAL, IF ANY: