

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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)

SUBMIT IN TRIPLICATE

1. Type of well <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. Lease Designation and Serial No. NMLC062029
2. Name of Operator SNOW OPERATING CO., INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 5719 AIRPORT FREEWAY, FORT WORTH, TX 76117	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec, T., R., M., or Survey Description) 660 FSL & 1980 FEL, UNIT O, SEC. 35-18S-29E	8. Well Name and No. FEDERAL JL 35 #1
12.	9. API Well No. 30-015-25173
	10. Field and Pool, or Exploratory Area TURKEY TRACK 7RVS QN GB SAN ANDRES
	11. County or Parish, State EDDY, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other CHANGE OF OPERATOR 4/1/95	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report & Log form)

13. 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.)

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3 we are notifying you of a change of operator on the above referenced lease.

SNOW OPERATING CO., INC., as new operator, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described.

SNOW OPERATING CO., INC. meets federal bonding requirements as follows (43 CFR 3104):

Bond Coverage: Statewide
BLM Bond File No.: 2360

The effective date of this change is April 1, 1995.

14. I hereby certify that the foregoing is true and correct	
Signed <i>James Shaw</i> Title <i>Pres</i>	Date <i>4-4-95</i>
(This space for Federal or State office use only)	
Approved by <i>David R. Glas</i> Title _____	Date _____
Conditions of approval, if any: 2	