

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

458

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Snyder Operating Company		3a. Area Code & Phone No. 817-338-4043	
3. ADDRESS OF OPERATOR 801 Cherry Street, Suite 2500 Ft. Worth, TX 76102		MAY -2 '90	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter I, 660' from East Line & 1980' from South Line, Section 9, Township 20-S, Range 28-E, Eddy County, New Mexico		O. C. D. ARTESIA, OFFICE	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME USA '9'	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Flat, No. Burton-Wolfcamp	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T205-R28E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Change of Operator Name</u>	
(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.) \*

Previous Operator Name: Snyder Oil Company  
801 Cherry Street  
Suite 2500  
Fort Worth, TX 76102

Effective Date of change for reporting purposes April 1, 1990.

18. I hereby certify that the foregoing is true and correct

SIGNED Lulu Martin

TITLE Production Analyst

DATE 4/26/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side