USP

Form 3160-3 (August 1999)	226.25.252				FORM APPROVED OMB No. 1004-0136		
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				Expires November 30, 2000 5. Lease Serial No. $\mathcal{L} \cdot \mathcal{H} = \mathcal{L} + \mathcal{L} + \mathcal{L} + \mathcal{L} + \mathcal{L}$			
							APPLICATION FOR PERMIT TO D
1a. Type of Work: XX DRILL REENTER				7. If Unit or CA Agreement, Name and No. 254731			
1b. Type of Well: 🖄 Oil Well 🗋 Gas Well 📮 Other		single Zone 🔲 Mult	iple Zone	8. Lease Name and Elizondo		± #2	
2. Name of Operator Snow Oil & Gas, Inc. 210	13			3 PI Well No.	15-	3197	
3a. Address Box 1277, Andrews, TX 79714	3b. Phone No. (include area code) 915–524–2371			10. Field and Pool, or Exploratory Esperanza Delaware, North			
4. Location of Well (Report location clearly and in accordance with any State requirements.*) At surface 1965 FNL & 1995' FWL BUIL At proposed prod. zone 1965 FNL & 1995' FWL				11. Sec., T., R., M., or Bik. and Survey or Area SE-NW NMPM Sec. 28, T21S, R26E 2.2.5			
14. Distance in miles and direction from nearest town or post office* 1 mile NE of Carlsbad, New Mexic		N		12. County or Paris Eddy		13. State	
15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig. unit line, if any)	16. No. of	Acres in lease 60		g Unit dedicated to thi	is well	1	
 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft. 1305 N 	19. Propos 37	ed Depth 00' Delaware	BIA Bond No. on file				
 Elevations (Show whether DF, KDB, RT, GL, etc.) 3206 G.L. 	22. Approximate date work will start*			23. Estimated duration			
	24. Atta	achments					
The following, completed in accordance with the requirements of Onsho 1. Well plat certified by a registered surveyor. 2. A Drilling Plan. 3. A Surface Use Plan (if the location is on National Forest System CUPC), whether the print the appropriate Forest Service Office).		 Bond to cover t Item 20 above). Operator certific 	he operation	rmation and/or plans	-		
SUPO shall be filed with the appropriate Forest Service Office).	l Name	authorized office (Printed/Typed)		• 	! Date		
famer Mught		James Wright			07-19	9–01	
Operations Consultant	Nam	(Printed/Typed)			Date		
IN FIELD MANAGER	Name (Printed/Typed) JOE G. L						
pplication approval does not warrant or certify the the applicant holds	I I	···. · · · · · · · · · · · · · · · · ·		ELD OFFI		capt to conduct	
perations thereon. onditions of approval, if any, are attached.				L FOR 1			
itle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make i tates any false, fictitious or fraudulent statements or representations as.			d willfully to	make to any departn	nent or ager	acy of the United	
(Instructions of Rec. LONG ST	RIA			BJECT TO			
Carlebed Controlled Water Baein	-		• • • • • •	UIREMEN	rs ani		
3/30/01		SPECI	AL STIP	ULATIONS			
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