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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE** ✓

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

SNOW OIL & GAS, INC.

3. Address and Telephone No.

P.O. BOX 1277 ANDREWS, TEXAS 79714 (915) 524-2371

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2030' FNL & 1980' FWL SECTION 25, T24S, R25E

5. Lease Designation and Serial No.

NM-81904

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

CAVERNS FEDERAL #1

9. API Well No.

30-015-22967

10. Field and Pool, or Exploratory Area

WILDCAT

11. County or Parish, State

EDDY COUNTY, NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other SEE BELOW

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and 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.)\*

WELL CURRENTLY IN DRILLING STATUS

RECEIVED

JUN 13 1995

OIL CON. DIV.  
DIST. 2

*J. Lara*

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

Signed Vikki Langham

Title PRODUCTION ASSISTANT

Date 5/1/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_