Form 3160-5 (August 2007)

## NO HOR HOBBS OCD **UNITED STATES**

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

JUL 1 5 2 14 ease Serial No.

6 If Indian, Allottee or Tribe Name

| Do not use this f<br>abandoned well.                                                                                                                                                                                                                                                                                                                                                                                                                                 | orm for proposals<br>Use Form 3160-3 (A                                                                                                      | to drill or to re-enter a<br>APD) for such propos                                                                                    | areceive                                          | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
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| SUBMIT IN TRIPLICATE – Other instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                      |                                                   | 7 If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |                                                                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| ✓ Oıl Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |                                                                                                                                      |                                                   | 8 Well Name and No<br>Powell Fed No 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 2 Name of Operator<br>Snow Oil & Gas Inc                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                                                                                                      |                                                   | 9 API Well No.<br>30-025-30519                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 3a Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3b Phone No. (include area code)                                                                                                             |                                                                                                                                      | code)                                             | 10 Field and Pool or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| PO Box 1277 Andrews Tx 79714                                                                                                                                                                                                                                                                                                                                                                                                                                         | 432 524 2371                                                                                                                                 |                                                                                                                                      |                                                   | NE Lea Delaware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 4 Location of Well (Footage, Sec. T., 660' FsI 660'FEL Sec 4, Twp 20S, Rge 34E                                                                                                                                                                                                                                                                                                                                                                                       | n)                                                                                                                                           |                                                                                                                                      | 11 Country or Parish, State Lea County New Mexico |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 12 CHEC                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CK THE APPROPRIATE B                                                                                                                         | OX(ES) TO INDICATE NATU                                                                                                              | JRE OF NOTI                                       | CE, REPORT OR OTHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF SUBMISSION TYPE OF A                                                                                                                 |                                                                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Acıdize                                                                                                                                      | Deepen                                                                                                                               | <b>✓</b> Proc                                     | luction (Start/Resume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Water Shut-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Off                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Alter Casing                                                                                                                                 | Fracture Treat                                                                                                                       | Rec                                               | amation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Well Integra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ty                                           |  |
| ✓ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Casing Repair                                                                                                                                | New Construction                                                                                                                     | Rec                                               | omplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Change Plans                                                                                                                                 | Plug and Abandon                                                                                                                     | Tem                                               | porarily Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                             | Convert to Injection                                                                                                                         | Plug Back                                                                                                                            | ☐ Wat                                             | er Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| testing has been completed. Final determined that the site is ready for Well was producing on low time clowell is now producing 45 minutes e following costs to operate this well if following parameters.  42 BOPM, 78% NRI (including set Lifting expense of \$1265 per month water disposal-\$32/mo, administrative overhead, \$450/mo electricity \$250/mo pumper \$420/mo misc expenses \$113/mo NET income = \$1550/mo  This well is generating out of the all | or final inspection.)  sick for the production time very 3 hours every day. and the resultant oil price verence and ad val), & \$8 including | e period of the last 18 month:<br>The well is producing 1.4 BC<br>is it is economical at the rate<br>39/ bbl of oil price= \$2915/mo | s. Since the NOPD and 2.7 E of \$1550 net onth    | well was returned to further was returned to further well performed to the well-performed to the well-performe | alltime time clock of the clock | on June 22 the cased upon the cased upon the |  |
| 14. I hereby certify that the foregoing is Name (Printed/Typed)  Dan W Snow                                                                                                                                                                                                                                                                                                                                                                                          | true and correct                                                                                                                             |                                                                                                                                      |                                                   | LX.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PETROLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | M EMSINEE!                                   |  |
| Dail W SHOW                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              | Title Presi                                                                                                                          | inelit                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AUG 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |  |
| Signature XauW Susu                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                                      | 5/2011                                            | ACCEPTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FOR RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RD                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIS SPAC                                                                                                                                    | E FOR FEDERAL OR                                                                                                                     | STATE OF                                          | FICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |

that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Title

Office

Conditions of approval, if any, are attached Approval of this notice does not warrant or certify

Approved by

WESLEY W. INGRAM PETROLEUM ENGINEER

## Powell Fed No. 1 30-025-30519 Snow Oil and Gas Comments and Requirements

Snow Oil & Gas Inc was requested to submit the daily volumes and ONRR reports for April 1<sup>st</sup>-June 20<sup>th</sup> by June 30, 2011. Documents submitted with sundry dated July 5, 2011.

Operator stated that well was producing on a low time clock for the last 18 months. However, the reports to ONRR show the well shut-in for January, March, May-July, Sept.-Dec. 2010 and Jan.-March 2011. This matches exactly with what was reported to NMOCD. Where is the production from the time period that the well was on a low time clock?

Using the operator's \$89/barrel rate, 2009, 2010 and 2011 were evaluated to determine commerciality. During 2009, the well reported production every month for an average over the year of 13.1 bbls/month. This results in a gross income of \$1164/month, which is not more than the operator's lifting expenses of \$1265/month. In 2010, the well reported production for three months at an average of 12.3 bbls/month. This results in a gross income of \$1098/month, which is not more than the operator's lifting expenses of \$1265/month. For 2011, only the month of April shows production in ONRR and NMOCD and that was 5 bbls, which equates to \$445 gross income and once again is less than the \$1265/month lifting expense.

Documents for April and May 2011 do not support the claim that this well is producing in paying quantities. However, the numbers reported for approximately 10 days in June 2011 indicate that the well may be capable of producing in paying quantities. Pursuant to the telephone conversation with Dan Snow on July 1, 2011, Dan informed the BLM that he was using a hot oil truck due to the heater treater malfunctioning. That cost has not been included in the well expense list.

Due to the short amount of time used for determining the paying quantities, June 22<sup>nd</sup> – July 1<sup>st</sup>, the operator shall submit the same documentation for the next three months and perform a 72 hour independent well test witnessed by the BLM.

The operator shall contact the BLM if the well will be down more than 24 hours. If an emergency happens with the well, the operator shall contact the BLM within 24 hours to discuss what has happened and the timing for when the well will be back on production.

When the well is producing at a rate of 42 BOPM, it does provide \$467 of royalty at the per barrel rate of \$89/barrel. However, this well had not produced at that rate until June 22, 2011. Prior to that time, the previous year with production at approximately 42 BOPM was 2000.

The number of the wells on a lease is of no consequence as 43 CFR 3162.3-4 (a) requires all wells to be producing hydrocarbons in paying quantities.

WWI 070711