

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-25846

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
L3861

7. Lease Name or Unit Agreement Name
New Mexico State Comm

8. Well No.
1

9. Pool name or Wildcat
Mescalero Morrow, West

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Snyder Oil Corporation

3. Address of Operator
777 Main Street, Suite 2500 Ft. Worth, Tx 76102

4. Well Location
Unit Letter M : 860 Feet From The South Line and 660 Feet From The West Line
Section 19 Township 10S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OP'NS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Load hole with salt gel
2. Set 125' plug 5755' - 5630'
3. Cut 5 1/2" csg. at 3600' & salvage
4. Set plug 100' plug at 3600' to 3500' - (50 - 75 sx)
5. Pump 10 sx cement for surface plug

ADDITIONAL STIPULATIONS

Step 2 -- plug must be tagged
Step 4 -- Plug must be 50 ft in and Out of stub 3650/3550
Step 5 -- 8/58" casing is not circulated, TOC by temp.
survey is 550' --must either perf or
pull 8 5/8"

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Betty Usry TITLE Production Analyst DATE 1-8-91
(817)

TYPE OR PRINT NAME Betty Usry TELEPHONE NO. 338-4043

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEE ADDITIONAL STIPULATIONS LISTED ABOVE