State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE L 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. L3861 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) New Mexico State Comm Type of Well: WELL 2. Name of Operator 8. Well No. Snyder Oil Corporation Address of Operator 9. Pool name or Wildcat Mescalero Morrow, West 777 Main Street, Suite 2500 Ft. Worth, Tx 76102 Well Location Unit Letter M: 860 Feet From The South 660 Feet From The West Line and Line 19 32E Lea Section Range **NMPM** Township County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. Load hole with salt gel Set 125' plug 5755' - 5630' 3. Cut $5\frac{1}{2}$ " csg. at 3600' & salvage Set plug 100' plug at 3600' to 3500' - (50 - 75 sx) 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

THE COMMISSION MUST BE NOTIFIED

- DATE -

pull 8 5/8"	≥4 HOURS PRIOR	TO COMMENCING WOR
I hereby certify that the information above is true and complete to the best of my ki	nowledge and belief.	
SIGNATURE State St	Production Analyst	DATE 1-8-91
SIGNATORS		(817)
TYPE OR PRINT NAME Betty Usry		TELEPHONE NO. 338-4043
(This space for State Use)		list of a plat

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -