

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

051845

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

SNB Operating Co.

3. ADDRESS OF OPERATOR

P.O. Box 906 Lovington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' From South Line and 660' From East Line of
Section 20 - 8S - 36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4121 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

New Mexico Fadden L

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South Prairie

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S 20 - 8S - 36E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Propose To: Set Retrievable Bridge plug at 9100 ft.
Perforate from 8992 TO 9004.
Acidize.
Swab Test For oil and gns.
work To be done AS Equipment is Availble.

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

SIGNED

TITLE

Partner

DATE

4-11-75

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side