

UNITED STATES N. M. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 31113	
2. NAME OF OPERATOR SNOW OIL & GAS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 1270 LOVINGTON, N.M. 88260		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1650' FWL UNIT K NE $\frac{1}{4}$, SW $\frac{1}{4}$		8. FARM OR LEASE NAME TOLES FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4432' KB		10. FIELD AND POOL, OR WILDCAT UNDERSIGNED QUEEN	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA SEC 26-12S-31E	
		12. COUNTY OR PARISH CHAVES	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 pertinent to this work.)*

- 9-13-85
1. RU PXA RIG.
 2. POH w/ PROD. EQ. SPOT 3sx CMT ON CIBP @ 2990'.
 3. RU WIRELINE SET CIBP @ 2290'.
 4. CUT x PULL CSG @ 825'.
 5. SPOT 35 sx CMT @ 867', WOC x TAG PLUG @ 758'.
 6. SPOT 35 sx CMT @ 524', WOC x TAG PLUG @ 393'.
 7. PUMP 10sx CMT @ SURFACE FOR PLUG.
 8. RD PXA RIG SET DRY HOLE MARKER.
 9. CLEAN UP LOCATION FILL X LEVEL PITS.

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

SIGNED Sam L. Snow

TITLE ENGINEER

DATE 11-10-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE
PETER W. CHESTER

NOV 14 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side