

N. M. OIL CONS. COMMISSION
UNIT STATES P. O. BOX 1000
DEPARTMENT OF THE INTERIOR (Other Instructions 88-40)
BUREAU OF LAND MANAGEMENT

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, Inc.		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 N.E. 1/4 S.W. 1/4		8. FARM OR LEASE NAME Toles Federal #1	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4432 KB		10. FIELD AND POOL, OR WILDCAT Undesignated Queen	
		11. SEC., T., S., R., OR BLK. 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Additional testing	

(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.)

1. PUMPED 2-3-85 THRU 2-27-85 RECOVERED ALL WATER NO TRACE OF OIL WELL SHUT-IN.
2. SET 41/2" CIBP @ 2990' PERF 2941', 42', 43', 62-63', 71-78' 1SPF.
3. BRK DOWN 2941'-78' w/PKRX RBP, ACD 2941-78 w/900 GALS 15% NEFE.
4. SWB 2941'-78' 100% WTR NO TRACE OIL, ALL LOAD REC.
5. PERF 2344, 46, 66, 68, 2450, 51, 53, 2779, 83, 2815, 21, 45 1SPF.
6. ACD 2344-2845 w/950 GALS 15% NEFE ACD.
7. SWB 2344-2845 100% WTR NO TRACE OIL, ALL LOAD REC.
8. RETURN TO PUMP SET PUMP SN @ 2956.
9. PUMP 72 HRS. REC 410 BW O BO.
10. WELL S.I. 3-25-85.

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

SIGNED Sam L. Jones TITLE ENGINEER DATE 11-10-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
PETER W. CHESTER

NOV 12 1986

BUREAU OF LAND MANAGEMENT
RESOURCE AREA