

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 26690

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Patterson Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Lusk North Seven Rivers

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec.04, T 19S, R 32E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR
Snow Oil and Gas, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 1294, Andrews, Texas 79714

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

660' FNL and 660' FEL
Unit A, Sec. 04, T 19S, R 32 E
NMPM, Lea County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, WT, OR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Change in ownership ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Change in Ownership

Effective date 12/1/90

Old Owner / Operator

Chevron U.S.A. Inc.
P.O. Box 1150
Midland, Texas 79702

New Owner/Operator:

Snow Oil and Gas, Inc.
P.O. Box 1294
Andrews, Texas 79714

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

SIGNED Nona L. Snow TITLE President DATE 11-30-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side