

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	WELL API NO. <b>30-025-35118</b>
2. Name of Operator <b>Santa Fe Snyder Corporation</b>	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>550 W. Texas, Suite 1330, Midland, TX 79701</b>	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>L</b> : <b>1340</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>West</b> line Section <b>32</b> Township <b>22S</b> Range <b>34E</b> NMPM County <b>Lea</b>	7. Lease Name or Unit Agreement Name: <b>Bell Lake Unit</b>
8. Well No. <b>21</b>	
9. Pool name or Wildcat <b>Ojo Chiso Morrow, West</b>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3431' GR</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>Set 13 3/8" Cag</b> <input checked="" type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

9/7/00 Drill 17 1/2" hole to a depth of 2215'. GIH W/ 49 jts of 13 3/8" 61# J-55 casing set @ 2213'. Cement W/ 1000 sx Premium Pluss Light, tail W/ 300 sx Premium. WOC.

Continue drilling 12 1/4" hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Bill Keathly* TITLE Regulatory Specialist DATE 9/7/00

Type or print name Bill Keathly Telephone No. 915-686-6612

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:

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10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3431' GR</b>	8. Well No. <b>21</b>
	9. Pool name or Wildcat <b>Ojo Chiso Morrow, West</b>

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NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐

OTHER: **Spud & Set Surface Cag** ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/28/00 Spud well @ 11 pm. Set 30" conductor @ 55', cement W/ 6 yards. Spud 26" hole drill to a depth of 830'. GIH W/ 22 jts 20" 94# K-55 casing set @ 830'. Shoe set @ 830', collar set @ 790'. Cement W/ 775 sx Premium Light, tail in W/ 250 sx Premium Plus + 2% CaCl, circulate 90 sx to surface, WOC.

9/2/00 Continue drilling 12 1/4" hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bill Keathly TITLE Regulatory Specialist DATE 9/6/00

Type or print name Bill Keathly Telephone No. 915-686-6612

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE GARY WANK DATE 9/6/00  
Conditions of approval, if any: PROD REPORT

