Submit 3 Copies To Appropriate District	State of Nev			Form C-10	
Office District I	Energy, Minerals and	Natural Resources		Revised March 25, 19	199
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-025-35055		
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		┨
District III	2040 South		I I		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N	NM 87505	STATE x		_
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas I	Lease No.	
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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name:		
1. Type of Well: Oil Well Gas Well X Other					
2. Name of Operator			8. Well No.		
Santa Fe Snyder Corporation			2		
3. Address of Operator			9. Pool name or Wildcat		
550 W. Texas, Suite 1330, Mid 4. Well Location	land, TX 79701		Wilson Morrow G	35	1
Unit Letter13 / M :	3300' feet from the	South line and	990' feet from	the West lin	ıe
Section 1	Township 21		NMPM	County Lea	
	10. Elevation (Show wh	nether DR, RKB, RT, GR, e 3708'	etc.)		
11. Check A	Appropriate Box to Ind	licate <sub>l</sub> Nature of Notice	, Report, or Other I	Data	
NOTICE OF INTI	ENTION TO:	SUE	BSEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	LING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER: Spud & S	Set Surface Csg		x
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	d Operations (Clearly stat SEE RULE 1103. For Mu	e all pertinent details, and gultiple Completions: Attac	give pertinent dates, in h wellbore diagram of	cluding estimated date proposed completion	
7/6/00 Spud well @ 7 am J-55 csg set @ 1326'. Sh 1/4#/sx Celloflake + 2% C Continue drilling 12 1/4"	oe set @ 1326', colla: aCl2. Tail cement 20	r set @ 1237'. Cement	: W/ 700 sx 35/65 F	OZ + 6% Gel +	<b>‡</b>
I hereby certify that the information above	a is true and complete to the	bost of my knowledge and bol	ief.	W 12	_
•					
SIGNATURE SIGNATURE	ally	TITLE Regulatory Spe	cialist [	OATE 7/24/00	
Type or print name Bill Keathly	·		Telepho	ne No. 915-686-6612	2_
(This space for State use)	$C_{i,j}$				
APPROVED BYConditions of approval, if any:		_ TITLE	DA	ATE 10	