

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. NM 077006	
2. NAME OF OPERATOR FI-RO CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O BOX 8148, ROSWELL, N. M. 88201		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 Unit A 330' FNL 330' FEL SEC 25 T19S R32E LEA COUNTY, N. M.		8. FARM OR LEASE NAME BIG CIRCLE	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3605 GR.		10. FIELD AND POOL, OR WILDCAT TONTON YATES 7 Rivers South	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S25T19SR32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. M.	

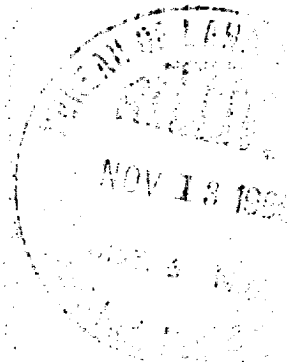
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>CHANGE OF OPERATOR</u>	
(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 OF OPERATOR
FROM: COLLIER ENERGY INC.
ARTESIA, N. M. 88210

TO: FI-RO CORPORATION
P O BOX 8148
ROSWELL, N. M. 88201



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

SIGNED <u>Tommy McDonald</u>	TITLE <u>PRESIDENT</u>	DATE <u>11-8-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sgd. C. J. ...</u>	TITLE	DATE <u>2-3-87</u>
CONDITIONS OF APPROVAL: IF ANY:		

*See Instructions on Reverse Side

RECEIVED
FEB 4 1981
DCCO
HOBBS OFFICE