Submit 3 Copies to Appropriate District Office

## State of New Mexico Ener Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF AFFROVAL, IP ANY.

P.O. Box 1980, He -, NM 88240 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206	WELL API NO. 30-005-00691
P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87503	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brizzos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. 004320
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. Louis Panie di Unit Agreciata Panie
1. Type of Well:	HONDO HOLLOWAY STATE
WELL X WELL OTHER	
2. Name of Operator Fi-Ro Corporation	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P O BOX 8148, Roswell, N.M. 88202	Caprock Queen
Unit Letter F: 1980 Feet From The North Line and 19	80 Feet From The West Line
Section 36 Township 12S Range 31E	NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, esc.	
11. Check Appropriate Box to Indicate Nature of Notice	, Report, or Other Data
•• *	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER: OTHER:	D .
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates,	including estimated date of starting any proposed
11/4/94 Rig up L&R Well Servoce @7:00AM. Unseat pu	mp. pump was swabbing and rig up
I&W Hot oil truck and heat 20 BB1. of fresh water a pressure when 10 Bb1. down tubing. Pull rods and p	nd pump down tubbing. Lost
wash out 45' of sand. Wash up surface. Rig up swa	
anulas and tubing. Pull tubing and run packer. Se	
MPA and chase with KCL (2%) H2O. Pull tubing, remo	
TD. Put on pump. Change out electric motor and ga	
motor. Call Lea Co. Electric due to line problem.	
fuses.	
(See next Page)	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SONATURE TITLE Presi	dent DATE11/14/94
TYPE OR FRINT NAME Fi-Ro Corp. Tommy McDonald	<b>ТЕLЕРНОМЕ NO.</b> 505-624-2615
(This space for State Use)	
(Time appace for State Use)	NOV 17 <b>1994</b>
ATROYED BY TITLE	DATE ———