

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

AM 011 (OOSS, Int. Comm. & 24-are  
Drawer DD  
reverse side)

5. LEASE DESIGNATION AND SERIAL NO. *dst*  
LC067811 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
DALE FEDERAL

9. WELL NO.  
111

10. FIELD AND POOL, OR WILDCAT  
LESLIE SPRING, SAN ANDRES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
26 T7S, R26E

12. COUNTY OR PARISH  
Chaves

13. STATE  
N.M.

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.)

RECEIVED

OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
FI-RO CORPORATION

3. ADDRESS OF OPERATOR  
P O BOX 8148 ROSWELL, N.M. 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
Sec 26 T7S, R26E  
Unit J NW $\frac{1}{4}$ SE $\frac{1}{4}$  1661FSL 2308 2318.4 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, HT, GR, etc.)  
3818.7GL

AUG 18 '89  
O. C. D.  
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

(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.)  
Temporarily abandon

Request permission to temporarily abandon this well while pending further evaluation for sale or plug and abandonment.

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

SIGNED *Luana McDonald* TITLE SECRETARY

DATE 8-2-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE  
APPROVED FOR 1/2 MONTH PERIOD  
ENDING AUG 17 1990

\*See Instructions on Reverse Side

APPROVED  
DALE W. CHESTER  
AUG 17 1989  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA