

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE  
(Other instructions  
verse side)

Form approved,  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

FI-RO CORPORATION

3. ADDRESS OF OPERATOR

P O BOX 8148, ROSWELL, N. M. 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit C  
660' FNL 1980 FWL  
Sec 34 T16S R 31E  
EDDY COUNTY, N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4027 Gr.

5. LEASE DESIGNATION AND SERIAL NO.

LC 056302 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

KENNEDY FEDERAL

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

SQ. LAKE GRAYBURG SA

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

S34T16SR31E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

CHANGE OF OPERATOR

(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 perti-  
nent 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

*Tommy McDonald*  
Tommy McDonald

TITLE PRESIDENT

DATE 11-8-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

2-3-87

\*See Instructions on Reverse Side