

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

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

457

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 HFNL FE
2310 FWE 330' F81
sec 18 T19S R31E
EDDY COUNTY, N. M.

14. PERMIT NO.

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

3425 GR

5. LEASE DESIGNATION AND SERIAL NO.

069464-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 18

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

BENSON YATES EAST

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

S18 T19S R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

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 PLANS.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) CHANGE OF OPERATOR

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

NOV 18 1986

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

SIGNED

TITLE PRESIDENT

DATE 11-8-86

Tommy McDonald
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side