

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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RECEIVED CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
JUL 23 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-73

3a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
3. State Oil & Gas Lease No. L 2632
7. Unit Agreement Name
8. Farm or Lease Name FoFo
9. Well No. 5
10. Field and Pool, or Wildcat McMillan-Seven Rivers
12. County Eddy

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.)

1. OIL ☒ GAS ☐ OTHER ☐
2. Name of Operator
FI-RO CORPORATION
3. Address of Operator
P O BOX 315, Natchez, Ms. 39120
4. Location of Well
UNIT LETTER E 2310 FEET FROM THE North 600
West LINE, SECTION 32 TOWNSHIP 19S RANGE 27E
15. Elevation (Show whether DF, RT, GR, etc.)
3323 Gr

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose To:
Set 100' cement plug 327-227 and tag with bailer 7" @ 277 Cms
15 sacks at surface
Set Dry Hole Marker

Notify N.M.O.C.C. in sufficient time to witness
SETTING OF Btm. PLUG

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Les A. Clements TITLE President DATE 7-22-85

Original Signed By
Les A. Clements
Supervisor District II

APPROVED BY _____ DATE JUL 24 1985

CONDITIONS OF APPROVAL, IF ANY: