

DEPARTMENT OF THE INTERIOR (Other Instructions on re-
draw reverse side)
BUREAU OF LAND MANAGEMENT Artesia, NM 88211

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

LC067811A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

AUG 30 '89

3. ADDRESS OF OPERATOR
FI-RO CORPORATION

O. C. D.

P O BOX 8148, ROSWELL, N.M. 88202

ARTESIA, OFFICE

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

Unit H 330 Ft FEL 1650 Ft FNL
SECTION 26 7S 26E
CHAVES COUNTY, N.M.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DALE FEDERAL

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

LESLIE SPRINGS SA

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

SEC. 26 7S 26E

14. PERMIT NO.

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

815.2 GR

12. COUNTY OR PARISH 13. STATE

CHAVES

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

TEMPORARILY ABANDON

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

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 Ivana N. Kunkle TITLE SECRETARY

DATE 8-15-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 29 1990
See Instructions on Reverse Side

APPROVED

DATE PETER W. CHESTER

AUG 29 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA