

UNITED STATES NM 011 CONST. CONTINUED  
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

Form approved  
Budget Bureau No. 1004-013  
Expires August 31, 1985

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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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NM 10593	
2. NAME OF OPERATOR FI-RO CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O BOX 8148 ROSWELL, N.M. 88202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL 2310 FWL SEC. 24, 11S, 27E		8. FARM OR LEASE NAME CHISUM FED	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3747 GR		10. FIELD AND POOL OR WILDCAT CHISUM SAN ANDRES	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 24 -11S-27ENMPM	
		12. COUNTY OR PARISH CHAVES	
		13. STATE N.M	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) SEE BELOW

(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.) \*

11-26-90 PULL PUMP AND REPLACE  
11-27-90 HOT WATER WITH 140BBL., 140° PUMPED DOWN ANULUS. RETURNED 56 BBL. TO TANK.  
11-28-90 TREAT WITH MICRO-BAC BACTERIA AND SHUT IN.  
11-30-90 STARTED PUMPING? PUMPED 72BBL. WATER AND 2 BBL. OIL

WE WILL PUMP 2 DAYS PER WEEK FOR 3 WEEKS TO ALLOW BACTERIA TO ACTIVATE.



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

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

TITLE PRESIDENT

DATE 12-1-90

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

TITLE

DATE

DEC 21 1990

\*See Instructions on Reverse Side