

4/5/95

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM 10593

6. Indian, Allottee or Tribe Name

7. BLM or U.A. Agreement Designation

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.

Chisum Fed #1

2. Name of Operator
Fi-Ro Corporation

9. API Well No.

30-00560022

3. Address and Telephone No.

P O BOX 8148, Roswell, N.M. 88202 (505) 624-2615

10. Field and Pool, or Exploratory Area

Chisum San Andres

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330 NORTH 2310 WEST
24-11-27

11. County or Parish, State

Chaves Co. N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off	
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water	

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

13. 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 pump and treat with emulsion breaker.

RECEIVED

NOV 15 1995

**OIL CON. DIV.
DIST. 2**

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

Signed *Pompy McDonald* Title President Date 10/15/95

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

APPROVED
PETER W. CHESTER
Date 10/17/95
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side