

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
NY Oil Division
verge side)
Drawer DD
Artesia, NM 88210

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well in a reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

AUG 18 '89

2. NAME OF OPERATOR

FI-RO CORPORATION

3. ADDRESS OF OPERATOR

P O BOX 8148 ROSWELL, N.M. 88202

O. C. D.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

T 7S, R26E Sec 26
Unit I NE $\frac{1}{4}$ SE $\frac{1}{4}$

990' FSL 1650' FSL

14. PERMIT NO.

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

GL 3833.8

5. LEASE DESIGNATION AND SERIAL NO.

LC067811 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DALE FEDERAL

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

LESLIE SPRING, SAN ANDRES

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

26, T7S, R26E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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 pertinent to this work.)*

Temporarily abandon

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

James M. Leonard

TITLE SECRETARY

DATE 8-2-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 17 1990

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
DATE

AUG 17 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA