

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COMMISSION  
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 different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 43714	
2. NAME OF OPERATOR FI-RO CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O BOX 315 NATCHEZ, MS. 39120		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 H.E. 2970/2 3 23-11		8. FARM OR LEASE NAME WORLEY FEDERAL	
14. PERMIT NO.		9. WELL NO. NO. 1 & 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3856 4		10. FIELD AND POOL, OR WILDCAT LESLIE SPRING SAN ANDRES	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25, T7S, R26E	
		12. COUNTY OR PARISH CHAVES	13. STATE NM

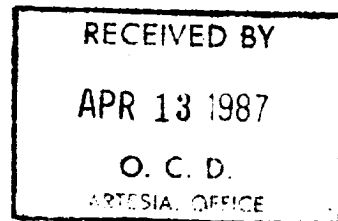
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) CHANGE OF OPERATOR NOTICE <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

FORMER OPERATOR BILL G. ISLER

NEW OPERATOR FI-RO CORPORATION  
CHANGE OF OPERATOR FOR  
WELLS NO. 1, &2 WORLEY FEDERAL LEASE



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

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

TITLE PRESIDENT

DATE 8/27/85

APPROVED BY PERCY W. CHESTER  
CONDITIONS OF APPROVAL APPROVAL OF THIS

TITLE APPROVAL OF THIS

CERTIFY THAT THE  
TITLE TO THOSE OPERATIONS  
ENTITLED THE APPLICANT TO CONDUCT OPERATIONS THEREON.  
\*See Instructions on Reverse Side

APPROVED  
DATE APR 8 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA