

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 <i>Ut. 1</i>		8. FARM OR LEASE NAME WORLEY FEDERAL	
14. PERMIT NO.		9. WELL NO. NO. 1 & 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3352.6</i>		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

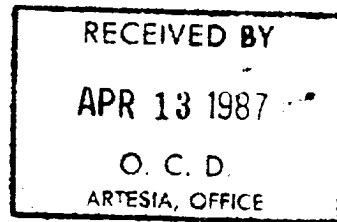
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) CHANGE OF OPERATOR NOTICE <input checked="" 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 base 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 TITLE PRESIDENT

DATE 8/27/85

APPROVED BY PETER W. CHLSTER TITLE

APPROVED
DATE APR 8 1987

CERTIFY THAT
TITLE TO THOSE OPERATIONS
ENTITLE THE APPLICANT TO CONDUCT OPERATIONS THERE
See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA