

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 011 Cons. Cons. ssion

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 43714

SUNDRY NOTICES AND REPORTS ON WELLS

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Worley Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

LESLIE SPRINGS SAN ANDRES

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

25 7S R26E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

FI-RO CORPORATION

3. ADDRESS OF OPERATOR

P O BOX 8148 ROSWELL, N.M. 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

TOWNSHIP 7 SOUTH, RANGE 26 EAST, NMPM
SEC. 25 NW $\frac{1}{4}$ SW $\frac{1}{4}$ UNIT L

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

3853.6 GL

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

Temporarily abandon

SUBSEQUENT REPORT OF:

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.)*

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 Anna McDonald

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 18 1990

*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER

AUG 18 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA