

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS

(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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NMO73240	
2. NAME OF OPERATOR FI-RO CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P O BOX 8148, ROSWELL, N.M. 88202		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 NW/NE Section 30 Unit B T19S, R33E		8. FARM OR LEASE NAME SIGNAL ROSS	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT TONTO YATES, 7 RVRS WEST	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA S30, T19S, R33E	
		12. COUNTY OR PARISH Lea	
		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 <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"/>	XX

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) <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.) *

WE PROPOSE TO SET A PUMPING UNIT AND RUN TUBING AND RODS AND EVALUATE THIS WELL FOR AN INDEFINITE PERIOD. IF WE CONCLUDE THAT IT IS NOT ECONOMICAL FOR US TO PRODUCE, WHEN WE STOP PUMPING, THEN WE WILL EITHER TEST CASING FOR TA STATUS AND SAVE FOR A POSSIBLE FUTURE SWD OR P&A.

APPROVED FOR 3 MONTH PERIOD
ENDING 5/11/92

RECEIVED
JAN 29 10 26 AM '92
CARLSBAD DISTRICT
AREA HEADQUARTERS

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 1-23-92

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2/11/92

*See Instructions on Reverse Side