

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Conservation Division  
P.O. Box 1980  
Hobbs, NM 88241  
FORM APPROVED  
Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
NM-073240

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

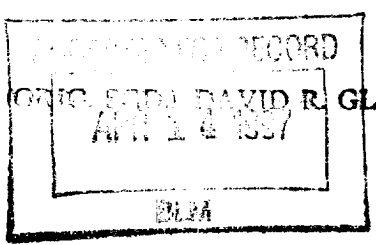
SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Wallen Tonto # <u>1</u>
2. Name of Operator F&M Oil and Gas Company	9. API Well No. 30 025-25371
3. Address and Telephone No. P. O. Box 891, Midland, Texas 79702	10. Field and Pool, or Exploratory Area Tonto Yates Svn Rvrs, South
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 30 T19S, R33E <u>990'</u> FSL and <u>2310</u> FWL	11. County or Parish, State LEA County, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>Name Change</u> <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water

13. 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.)\*

Change name from: WALLEN TONTO # 1  
TO: TONTO # 1



14. I hereby certify that the foregoing is true and correct	
Signed <u>[Signature]</u>	Title <u>Office Mgr.</u>
(This space for Federal or State office use)	Date <u>3/28/97</u>
Approved by _____	Title _____
Conditions of approval, if any:	Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side