

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.
P.O. Box 100
Hobbs, NM 88241

Division FORM APPROVED
Budget 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	7. If Unit or CA, Agreement Designation
2. Name of Operator F&M Oil and Gas Company	8. Well Name and No. Wallen Tonto # 7
3. Address and Telephone No. P. O. Box 891, Midland, Texas 79702	9. API Well No. 30 025-25897
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 30 T19S, R33E 1650' FSL and 990' FEL I	10. Field and Pool, or Exploratory Area Tonto Yates Svn Rvrs, South
	11. County or Parish, State LEA County, NM

12. 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"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Name Change
	<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 # 7
TO: TONTO # 7

Wayne -

Mike Greff

14. I hereby certify:

Signed _____

(This space for _____)

Approved by _____

Conditions of _____

800-854-4358

915-682-7700

C-103

RECORDED

1991 MAR 12 10 37

DAVID R. GLASS

RECEIVED

1991 MAR 10 10 37

DATE 3/28/91

File Ngr

make to any department or agency of the United States any false, fictitious or fraudulent statements

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