

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 980
Hobbs, NM 88240

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
NM-073240

SUNDRY NOTICES AND REPORTS ON WELLS

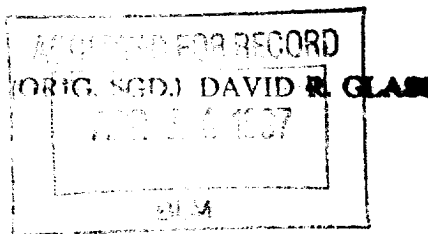
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator F&M Oil and Gas Company	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P. O. Box 891, Midland, Texas 79702	8. Well Name and No. Wallen Tonto # 9
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 30 T19S, R33E 600' FSL and 2300' FWL	9. API Well No. 30 025-27190
	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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Name Change	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
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 # 9
TO: TONTO # 9



14. I hereby certify that the foregoing is true and correct		
Signed (This space for Federal or State office use)	Title	Date
<i>David R. Glass</i>	<i>Office Manager</i>	<i>3/28/97</i>
Approved by	Title	Date
Conditions of approval, if any:		

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