

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different rock zone.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		34. Area Code & Phone No. 505/748-1471	
2. NAME OF OPERATOR ABO PETROLEUM CORPORATION		8. FARM OR LEASE NAME Lario Federal	
3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 1650' FWL		10. FIELD AND POOL, OR WILDCAT Und. Wolfcamp	
14. PERMIT NO. 30-015-20750		15. ELEVATIONS (Show whether DV, RT, GR, etc.) 3250' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F, Sec. 20-T20S-R27E	
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.)		12. COUNTY OR PARISH Eddy	
		18. STATE NM	

SEP 13 '90

O. C. D.
ARTESIA, OFFICE

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"/>		

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 checked="" type="checkbox"/>
(Other) Test well	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Well tested as follows:

9-5-90. SITP 1240 psi. Started flow testing @ 7:00 AM. SI @ 1:00 PM. Final flowing pressure 550 psi on 28/64" choke. Gas rate taken off low pressure separator by Phillips Petroleum.

24 hr gas rate - 1402 mcfpd
6 hr oil production - 182.5 bbls
6 hr water production - 11 bbls

SEP 7 11 26 AM '90

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18. I hereby certify that the foregoing is true and correct

SIGNATURE *[Signature]*

TITLE Production Supvr.

DATE 9-6-90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side