

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210
CONTACT RECEIVING OFFICE FOR NM
OF OFFICES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

(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"/>	2. NAME OF OPERATOR ABO PETROLEUM CORPORATION	3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 330' FEL	5. LEASE DESIGNATION AND SERIAL NO. NM 70891	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	7. UNIT AGREEMENT NAME -----	8. FARM OR LEASE NAME Mark Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Lucky Lake Queen	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I, Sec. 9-T15S-R29E
14. PERMIT NO. 30-005-62814	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3852' GR		12. COUNTY OR PARISH Chaves	13. STATE NM						

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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.) *

Spudded 12-1/2" hole 9:00 AM 12-26-90. Ran 7 joints 8-5/8" 24# casing set 312'. Guide shoe set 312', float collar set 272'. Cemented w/200 sx Premium Plus + 2% CaCl (yield 1.32, wt 14.8). PD 1:00 PM 12-27-90. Circulated 50 sacks. WOC. Drilled out 7:30 AM 12-28-90. WOC 17-1/2 hrs.

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

SIGNED Peter W. Chester TITLE Production Supervisor

DATE 1-4-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JAN 11 1991

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side