

Form HODS
(July 1989)
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECORDING
OFFICE FOR N. J.
OF COPIES REQUIRED
(Other instructions on re-
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P&A		FEB 12 1991		5. LEASE DESIGNATION AND SERIAL NO. NM 70891	
2. NAME OF OPERATOR ABO PETROLEUM CORPORATION		3. ADDRESS OF OPERATOR 105 South 4th St., Artesia, NM 88210		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3852' GR		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-005-62814		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3852' GR		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	
				12. COUNTY OR PARISH Chaves	
				13. STATE NM	

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

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 PLANE <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) <input type="checkbox"/>	

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

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.)*

1-3-91. Plugged well as follows:

Plug #1 1866' w/50 sx Premium Plus Neat.
Plug #2 359' w/40 sx Premium Plus Neat. Tag plug @ 220'.
Plug #3 50' - surface with 25 sx Premium Plus Neat.

Set regulation abandonment marker.

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

SIGNED Peter W. Chester

TITLE Production Supervisor

DATE 1-24-91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER

FEB - 8 1991

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA