

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 checked="" type="checkbox"/> Other Plugback - test Bone Springs	5. Lease Designation and Serial No. NM 19598
2. Name of Operator ABO PETROLEUM CORPORATION (505) 748-1471	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 105 South 4th St., Artesia, NM 88210	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit F, 1650' FNL, 1650' FWL, Sec. 20-T20S-R27E	8. Well Name and No. Lario Federal #1
	9. API Well No. 30-015-20750
	10. Field and Pool, or Exploratory Area Undes. Bone Springs
	11. County or Parish, State Eddy, 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input checked="" 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 Perforate, Treat	<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.)*

7-14-92. RU. Blew well down. POH w/packer at 7933'. Set CIBP 7950' w/35' cement on top. Perforated Bone Springs 6075-6137' w/17 - .42" holes as follows: 6075, 77, 79, 81, 95, 97, 99, 6101, 03, 05, 07, 09, 11, 13, 33, 35 and 6137'. Set packer at 6000'. Tested casing to 500 psi. Dropped bar - 22 seconds to bottom. Small blow to surface. Acidized 6075-6137' w/2000 gals 10% NEFE. Swabbed well dry.

7-15-7-17-92. Swabbed and tested well. Frac'd perforations 6075-6137' w/2000 gals 35# linear pre-pad, 13500 gals 35# XL gel and 35000# 20/40 Brady sand. Flowed back and swabbed.

7-20-92. Blew well down. Unset packer. Installed BOP. Loaded hole. Pulled packer and 2-7/8" tubing from 6000'.

7-21-92. Ran pump and rods.

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

Signed [Signature] Title Production Supervisor Date 7-22-92
(This space for Federal or State office use)

Approved by _____ Title _____ Date 5/5/92
Conditions of approval, if any:

29 1992