

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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"/>	<div>RECEIVED BY</div> <div>APR 30 1984</div> <div>O. C. D.</div> <div>ARTESIA, OFFICE</div>
2. NAME OF OPERATOR Abo Petroleum Corporation ✓	
3. ADDRESS OF OPERATOR 207 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 1980 FSL & 660 FWL, Sec. 13-T26S-R27E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3121' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 20949	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Hay Federal 14 th	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Wildcat - Delaware	
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 13-T26S-R27E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. 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 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) Change Operator. <input checked="" type="checkbox"/>	
(Other) Set CIBP <input checked="" 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.)*

Abo Petroleum Corporation resumes operation of this lease formerly operated by Marline Exploration (Quanah Petroleum, Inc.).

We propose to set a CIBP at approximately 6830' w/cement on top, perforate Delaware formation at 5405-18' for oil well completion.

Post. ID-3
5-4-84
Chg. Op.

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

SIGNED Quanta D. D. D.

TITLE Production Supervisor

DATE 4-25-84

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

APPROVED
APR 27 1984
ACTING DISTRICT ENGINEER