

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. SURVEILLANCE
(Other instructions on reverse side)
APR 1 1985

Expires August 31, 1985

clsp

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 20949
2. NAME OF OPERATOR Abo Petroleum Corporation ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME MAR 28 1986
3. ADDRESS OF OPERATOR 207 South 4th St., Artesia, NM 88210	7. UNIT AGREEMENT NAME O. C. D. ARTESIA, OFFICE
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	8. FARM OR LEASE NAME Hay "C" Federal
14. PERMIT NO. API #30-015-24140	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3121.2' GR	10. FIELD AND POOL, OR WILDCAT Undes. Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit L, Sec. 13-26S-27E
	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:

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Perforate, Treat new zone	<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.) *

3-12-86. WIH and perforated 3317-3484' w/36 .45" holes as follows: 3317, 24, 27, 29, 31, 33, 37, 39, 42, 48, 51, 54, 56½, 59, 63, 95, 97, 99, 3424, 26, 28, 30, 33, 36, 39, 41, 43, 47, 49, 51, 57, 59, 66½, 76, 80 and 84'.

3-13-86. Unable to get RBP to hold pressure. Pulled RBP from well. Dumped 35' cement on top sand at 5595' (RBP @5640'), new PBTD 5560'. Set CIBP at 3490' w/5' cement on top; PBTD 3485'. Perforated 3147-3210 w/21 .45" holes as follows: 3147, 49, 52, 55, 65, 70, 73, 76, 79, 82, 85, 89, 92, 95, 98, 3200, 02, 04, 06, 08, 10'.

3-14-86. Acidized perfs 3317-3484' w/2500 gals 7½% NEFE acid with 2% HF.

3-18-86. Acidized perfs 3147-3210' w/1500 gals 7½% NEFE acid with 2% HF.

ACCEPTED FOR RECORD

MAR 25 1986

CAPISBAD, NEW MEXICO

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

SIGNATURE *Arleta Boddett*

TITLE Production Supervisor

DATE 3-24-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side