

OIL CONSERVATION  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

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 "C" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT  
Undes. Delaware

11. SEC., T., E., M., OR BLK. AND  
SURVEY OR AREA

Unit L, Sec. 13-26S-27E

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ P&A

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

RECEIVED BY

APR 11 1986

O. C. D.

ARTESIA, NM

14. PERMIT NO.  
API #30-015-24140

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3121.2' GR

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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☒  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐  
REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.) \*

Propose to plug and abandon well as follows:

- 1) Set 70 sx Class "C" w/2% CaCl<sub>2</sub> plug at 3495-3050'.
- 2) Set 20 sx Class "C" cement plug at 2350-2450'.
- 3) Set 10 sx Class "C" cement plug at surface.

Verbal permission obtained from Mr. Vince Balderez, BLM, Carlsbad, NM, by Mr. Eddie Mahfood, YPC, to plug well as above.

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

SIGNATURE *Francis Goodlett*

TITLE Production Supervisor

DATE 4-4-86

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-10-86

\*See Instructions on Reverse Side