

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Bureau Bureau No. 1004-9135
Expires August 31, 1985

4/58

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 ☐ GAS WELL ☒ OTHER ☐	RECEIVED BY OCT - 6 1986 O C	7. UNIT ABBREVIATION NAME
2. NAME OF OPERATOR Adobe Resources Corporation		8. FARM OR LEASE NAME Smith Federal
3. ADDRESS OF OPERATOR 1100 Western United Life Bldg., Midland, TX 79701		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface P, 330' FEL & 660' FSL, Sec. 11, T23S, R24E		10. FIELDS AND POOLS OR WILDERNESS Rock Tank-Lower Morrow
11. PERMIT NO. GR 3873.7	15. ELEVATIONS (Show whether OF, BT, OR, etc.) GR 3873.7	12. COUNTY OR PRESENT OR STATE Eddy 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 ☐	FULL OR ALTER Casing ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING Casing ☐
SHUT-IN ACIDIZING ☐	ABANDON ☐	SHUT-IN OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(O Well) ☐	
(Other) ☐	CHANGE OPERATOR ☒		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

Operating rights and equity interest of previous operator, Adobe Oil & Gas Corporation, purchased by and assigned to Adobe Resources Corporation.

I hereby certify that the foregoing is true and correct

SIGNED Bill Carson TITLE Vice President-Production DATE 3/12/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-384

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side