

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
INCLUDE INSTRUCTIONS ON REVERSE
OF THIS FORM

Budget Bureau No. 1004-0135
FPMR (41 CFR) 101-11.6
LEASE DISTRICT NAME AND NUMBER

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Adobe Resources Corporation ✓		8. FARM OR LEASE NAME Spitfire "25"
3. ADDRESS OF OPERATOR 1100 Western United Life Bldg., Midland, TX 79701		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980 FEL of Section 25		10. FIELD AND POOL, OR WILDCAT UNDES. <i>Pass</i> Phantom Draw Wolfcamp Gas
14. PERMIT NO. 30-015-25450		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T26S, R30E
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3075.7 GL		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) Change of Operator	XX

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	
(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.)*

Previous Operator, Earle M. Craig, Jr. Corporation. Operating rights turned over to Adobe Resources Corporation effective 5/1/86.

ACCEPTED FOR RECORD

SEP 22 1987

SJS

CARISBAD, NEW MEXICO



I hereby certify that the foregoing is true and correct

SIGNED: *Bill Owens*

TITLE: Bill Owens, Engineer

DATE: 5/1/86

(This space for Federal or State office use)

APPROVE BY: _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE: _____ DATE: _____

*See Instructions on Reverse Side