

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL CONS. COMMISSION

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

BUDGET NUMBER NO. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-18626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 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. 79701c.d.		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 G, 1980' FNL & 1980' FEL, Sec. 25, T26S, R30E		10. FIELD AND POOL, OR WILDCAT Wolfcamp	
14. PERMIT NO. 30-015-25450		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3075.7 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 <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) <input 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.) *

1/16/86: Acidized Wolfcamp perforations 12,227-12,651' with 5000 gals.
15% HCL + 185,000 SCF N₂ + 49 ball sealers.
1/20/86: Acidized Wolfcamp perforations 12,227-12,651' with 15,000 gals.
15% HCL + 487,000 SCF N₂ & 74 ball sealers.
2/25/86: Conducted 4 point potential test.
SI waiting on pipeline connection.

ACCEPTED FOR RECORD

SEP 22 1986

SJS

CAPISBARD, NEW MEXICO

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

SIGNED

John M. Donald

TITLE Engineer

DATE 5/7/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side