UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

clsf

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 BY
JUL - 2 1986
O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: Adobe Resources Corporation ✓

3. ADDRESS OF OPERATOR: 1100 Western United Life Bldg., Midland, Tx. 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FEL & 660' FSL of Section 18

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Spitfire "18"

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: ~~Undes~~. Phantom Draw Wolfcamp Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 18, T26S, R31E

14. PERMIT NO.: 30-015-25455

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3199.2 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other) Change of Operator	XX			(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
JUL 1 1986
CARLSBAD, NEW MEXICO

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

SIGNED: Bill Owens TITLE: Engineer DATE: 5/1/86

(This space for Federal or State office use)

APPROVED BY: TITLE: DATE:

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side