

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF078868	
2. NAME OF OPERATOR -ADOBE OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR M. B. Jones, 1223 Bank of New Mexico Bldg., Albuq, NM 87102		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 fml and 1980 fwl		8. FARM OR LEASE NAME Dugan Federal A	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6726 Gr		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-24N-8W-NMPM	
		12. COUNTY OR PARISH San Juan	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Miscellaneous</u>	
(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.) *

Moved incompletion rig on 10-20-75 and drilled DV tool. Tested with 3700 psi - OK.
Perf 5 1/2" casing; 5336 - 30, 5302-5297, 5281-77, 5249 47, 5243-41, 5218-03,
5125-21, 5101-5093, total of 47' @ 2 SPF.

SSWF with 100M# of sand and 78,510 gals water. Avg. Press 1900 psi, shut-in 1000psi,
Avg. IR 49 BPM. Ran 171 jts 2 3/8" EUE, 4.7#, V-55 tubing, TE 5343 set at 5354'.
SSwabbed and flowed well to recover load. Released rig 10-31-75, now building
tank battery.



NOV 10 1975

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

SIGNED Morris B. Jones TITLE Morris B. Jones, Engineer DATE 11-7-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: