

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Adams Exploration Company

3. ADDRESS OF OPERATOR  
P. O. Box 10585, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FNL & 330' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 990' FNL & 330' FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Temporarily Abandoned

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAR 20 1981

U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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.)\*

Well temporarily abandoned pending evaluation of possible additional treatment alternatives. We request an extension of previous approval to Temporarily Abandon Well.

This approval of temporary abandonment expires **AUG 31 1981**

APPROVED

*Kel*

MAR 24 1981

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *D.C. Helm* D.C. Helm TITLE Operations Mgr. DATE March 23, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*Lease will expire if no production by 8-31-81.*

\*See Instructions on Reverse Side

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