

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
410 West Ohio, Suite 202, Midland, Tx 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:) 990' FNL & 330' FEL
AT TOP PROD. INTERVAL:) of Sec. 5
AT TOTAL DEPTH:)
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Surface Casing Setting ☐
Extend T.D. ☒

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☒

RECEIVED

SEP 5 1979

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

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.)*

The subject well was spudded @ 4:30 p.m. 8-30-79. A 12 1/4" hole was drilled to 1788' & 8-5/8" 24#/ft J-55 casing was run to T.D. & cemented w/400 sx Howco Lite w/10# salt & 1/4# Flocele per sx. followed by 200 sx Class C w/2% CaCl₂. Circulated 41 sx cement to surface. Plug down at 12:00 noon MST Sept 1, 1979. NU BOP and tested csg 1000 psi - OK.

It is requested that the approved total depth of our original permit be changed to 4400' from 4300' to fully penetrate the San Andres porosity.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED J.T. Berry TITLE Operations Mgr. DATE Sept. 4, 1979

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

