

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 ☒ gas ☐ other ☐

2. NAME OF OPERATOR

Adams Exploration Co.

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:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

990/N 330/E

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) ☐

SUBSEQUENT REPORT OF:

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☐  
☐RECEIVED  
AUG 2 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

NM 10280

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dyan Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 5, T8S, R32E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4509 GR

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

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.)\*

After thorough investigation of similar wells in the immediate area it has been discovered that the 40' of 16" conductor casing is not necessary. It is therefore requested that permission be granted to eliminate this joint of casing as proposed on the Approved Application to Drill Form 9-331C.

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 7-31-79

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

