

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 ☐  
well well other

2. NAME OF OPERATOR

Adams Exploration Company

3. ADDRESS OF OPERATOR

Box 10585 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 660' FEL of Sec 4

AT TOP PROD. INTERVAL:

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)

SUBSEQUENT REPORT OF:

☐

☐

☐

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☐

5. LEASE

NM 13999-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 4

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Chaveroo

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

Sec 4, T-8-S, R-32-E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4521 DF

(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.)\*

1. Set CIBP @  $\pm 4200'$ . Dump 20' cmt on top.
2. Pull maximum footage of oil string (4 1/2") csg from hole (est. to be  $\pm 3400'$ ).
3. Set 100' cmt plug in remaining 4 1/2" casing stub.
4. Set 100' cmt plug 50' in and out of 8 5/8" casing shoe @ 1853'.
5. Set 20' cmt plug @ surface.
6. Install dry hole marker.

Verbal approval for above procedure obtained from Mr. Peter Chester,  
U.S.G.S., Roswell, New Mexico, 9-1-81.

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

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

SIGNED Peter W. Chester TITLE Operations Manager DATE 9-2-81

(Orig. Sgd.) PETER W. CHESTER

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, SER: 1221

OR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR