

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED BY

AUG 08 1985

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

Superior Oil Company, The O.C.D.

3. ADDRESS OF OPERATOR Attn: L. Artesia Office
Post Office Box 633, Midland, Texas 79702

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

AT SURFACE: 399' FNL, 1980' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

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* ☐

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(other) Cancel Orig. Drlg. Permit

5. LEASE

NM-17095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government "D"

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Wildcat - Bone Spring

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

Section 1, T-21-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

N/A

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3202' 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.)*

Please cancel the original drlg. permit that was approved on 9-11-84 for the Government "D" Well No. 3. The location was 399' FNL, 1980' FEL of Section 1, T-21-S, R-27-E. The well was not spudded and a new location was selected.

A new permit is pending at the following location:

660' FNL, 630' FWL
Section 12, T-21-S, R-27-E
Fenton, Northwest - Delaware Field
Eddy County, New Mexico

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED G. E. Tate TITLE Env. & Reg. Mgr. DATE July 26, 1985
Agent for the Superior Oil Company

Orig. Sec. _____ (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-7-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-3
8-16-85
Exp. INZ