## UNITED STATES

DEPARTMENT OF THE INTERIO?  GEOLOGICAL SURVEY	JICARILLA 55  6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE
SUNDRY NOTICES AND REPORTS (IN 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.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas other  2. NAME OF OPERATOR	9. WELL NO. #2
SUPERIOR OIL COMPANY  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME CHACON DAKOTA
P.O.DRAWER "G", CORTEZ, COLORADO 81321  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 1850' FSL, 980' FEL, SEC. 35  AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 35, T23N, R3W  12. COUNTY OR PARISH 13. STATE SANDOVAL NEW MEXICO
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.  16. ELEVATIONS (SHOW DF, KDB, AND WD) 7259 G.L.
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  Shut-in	383

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.)\*

Approval is requested to shut in the subject well through May 31, 1983. The well produces 100% salt water and at present there is no economical way to dispose of it. A workover is presently being evaluated to eliminate the excessive water production and will be performed when better weather conditions permit. Another Sundry requesting approval to do the above mentioned work will be forthcoming.

	u. and Type	, Set @ Ft.
18. I hereby certify that the fo	oregoing is true and correct  MWW TITLE Petroleum Engir	neerate January 11, 1983
	(This space for Federal or State office i	use)
	T.T. =	DATE

ACOMOITIONS OF APPROVAL, IF ANY:

Lett Killer

\*See Instructions on Reverse Side

