

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

**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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 14157
2. NAME OF OPERATOR The Superior Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Nine Greenway Plaza, Suite 2700, Houston, Texas 77046		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL & FWL		8. FARM OR LEASE NAME Tresnor Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, BT, CR, etc.)	9. WELL NO. /
		10. FIELD AND POOL, OR WILDCAT S. Sand Dunes - Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-23S, R32E
		12. COUNTY OR PARISH 13. STATE Lea NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	

\*NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

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.)\*

- 11-26-85 MIRU Frontier WS, POH w/pump
- 11-27-85 POH w/282 jts. 2 7/8 tbg & SN, RIH w/100 jts. 2 7/8" tbg.
- 11-29-85 RIH w/ 9/58" CIBP, set @ 10,200'
- 11-30-85 Cap CIBP w/30' cmt, ran base Gam Ray Log
  
- 12-1-85 RIH w/ 2/7/8 SN+158 jts. 2 7/8 tbg & pkr, set @ 8532
- 12-2-85 Acdz 8586-8626 w/3654 gal 15% HCL acid + 60 RCNBS
- 12-4-85 SWF 8586-8626 w/26500 gal x-link gel w/50000# 20/40 sd + 1500# 100 mesh sd.
- 12-5-85 POH w/258 jts 2 7/8 tbg & 256 jts. 2/7/8 tbg, btm of tbg @ 8660, SN @8625, TA @ 8432.
- 12-6-85 RIH w/ 1 1/2 x 2 x26' pump, turned to production

TD = 15,588                      PBSD = 10170

Bone Springs perfs @ 8586-8626

ACCEPTED FOR RECORD

*[Signature]*  
JAN 10 1986

CARISBAD, NEW MEXICO

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

SIGNED Nancy Lewis TITLE OPERATIONS TX & NM, INC DATE 1-3-86  
AS AGENT FOR THE SUPERIOR OIL COMPANY

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side