

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS
Drawer DD
Artesia, NM

COMMISSION

5. LEASE
88210-10895
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
North Horseshoe Bend

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T23S-R25E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

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

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E. C. D.
ARTESIA, OFFICE

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

THE SUPERIOR OIL COMPANY

3. ADDRESS OF OPERATOR

P.O. Box The Woodlands, Texas 77380

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

660' FNL & 1980' FEL of

AT SURFACE: Sec. 22, T23S-R25E

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) Change in Ownership

SUBSEQUENT REPORT OF:

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

OH & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

Subsequent report of Hanagan Petroleum Corporation relinquishing their responsibility of operations at 0700 hours, MST, October 1, 1980. The Superior Oil Company effective October 1, 1980 has taken over as the Designated Operator of the North Horseshoe Bend, Well No. 1, as per copy of Designation of Operator, dated October 1, 1980.

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

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

SIGNED G. Bannantine TITLE Reg. Group Mgr. DATE October 14, 1981

G. Bannantine

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 22 1981

FOR

CC: USGS (3), RG

*See Instructions on Reverse Side