DISTRICT I P.O. Box 1980, Hobbs NM 88240

OLL CONSERVATION DIVISION P.O. Box 2088

Santa Fe. New Mexico 87504-2088

WELL API NO. 30-625-68815

| DISTRICT II Santa Fe, New Mexico 87504-208 | 0 30 -0 35 -0 38 (5 |
|---|--|
| P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease STATE FEE X |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Lease No. |
| | |
| SUNDRY NOTICES AND REPORTS ON WELLS | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" | 7. Lease Name or Unit Agreement Name |
| (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL GAS | T II D |
| WELL OTHER SWD | J H Day |
| 2. Name of Operator Superior | 8. Well No. |
| McCasland Services, Inc. 3. Address of Operator | 9. Pool name or Wildcat SWD |
| PO Box 99 Eunice, NM 88231 | Jalmet Sove Rivers |
| 4. Well Location | Joven Joven |
| Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line | |
| 6 22-S 36- | E NMPM Lea County |
| Section 10 Manage Range 10 10. Elevation (Show whether DF, RKB, RT, C | |
| (///////////////////////////////////// | 601 |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCI | E DRILLING OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING CASING TE | ST AND CEMENT JOB |
| OTHER: OTHER: | Clean out open hole |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed | |
| work) SEE RULE 1103. | |
| 1) MIRU PU. | |
| 2) ND WH, release pkr, Install BOP & POOH w/tbg & pkr. | |
| 3) PU bit. DC & work string. RIH. Tag fill @ 3778'. Clean out to 3846'. POOH. | |
| lay down work string, DC & bit. | |
| 4) PU 5½ x 2 3/8" AD-1 pkr & RIH w/ 121 jts. of 2 3/8" plastic coated tbg. Circ. pkr fluid & set pkr @ 3699'. NU WH. | |
| 5) Casing test to 540#, for 27 min. Held. | |
| 6) Return to inj. | • |
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| | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | • |
| SIGNATURE COMP | pany Rep. 2/23/94 |
| TYPE OR PRINT NAME Ray D. Ramsey | TELEPHONE NO. |
| | |
| (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON | ۵٬۵۱۲ میچ نوسوندس |
| DISTRICT I SUPERVISOR | PATE FEB 28 1994 |
| APPROVED BY TITLE | |

JOB