Superior All	Post T D - 2 FIR Str.	
CONDITIONS OF APPROVAL, IF ANY	JAN 25 1985	
*164ED Starts Reg. Opr. Mgr Prod.	DATE 12-5-84	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
(SEE REVERSE		
1600#. 14 hr SITP 1605#. Flowed 2 BC + 8 BLW/5 hrs. thur=1" choke, FTP 585# & GR 3945 MCFD decreasing to 2424 MCFD aften 5 hrs. 72 hrs. 16	SIP 1950#, 15 min SIP	
ized Bone Springs Perfs 5089 - 5284' w/4000 gale 7 1/2% Not 1981	nr. SITP 1800#. Acid-	
2-7/8" tubing and a RTTS and set RTTS @ 4945' Syabbad 0 PO - 21 PULL	4.8" pen). RIH w/	
Do to 5320'. Perforated the Bone Springs w/2 Spr a roso of cement on t	top @ 5362 - 5292'.	
retainer @ 5362' and squeezed w/450 sacks of Class C 50/50 Page 1/20	12-7/8" tubing and set	
7" casing w/4 squeeze holes @ 5475 - 5476' RIH w/7" coment notains	on. Perforated the	
@ 10,002 - 9891' 1/2 in and 1/2 out of the ten of the 57 (0) 7:	a 15 sack cement plug	
O.T.D. 11,750' Shale & Lime, PBTD 5320'. Workover complete. MIRU a conset a 1.81" blanking plug in a Model "F" nipple @ 10,439' and spotted 10 @ 10.439 - 10.303'. Circulated halo w/mud later \$1.50		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.		
OTHER Well Completion		
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X  COMMENCE DRILLING OPNS.	ALTERING CASING	
SUBSEQUENT	REPORT OF:	
Check Appropriate Box To Indicate Nature of Notice Report of Oth	Eddy ()	
15. Elevation (Show whether DF, RT, GR, etc.) 3227 GR	12. County	
THE East LINE, SECTION 9 TOWNSHIP 218 RANGE 27E NMPM.		
UNIT LETTER J 1830 FEET FROM THE SOUTH LINE AND 1980 FEET FROM	Undesig. Bone Springs	
P.O. Box 1919 - Midland, Texas 79702	10. Field and Pool, or Wildcat	
Cities Service Oil and Gas Corporation V  3. Address of Operator	State CP Com	
2. Nume of Operator	B. Farm or Lease Name	
OIL GAS WELL X OTHER-	7. Unit Agreement Hame	
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL ON TO DELPEN OF PLUG BACK TO A DIFFERENT RESERVOIR.	L-1648 	
OPERATOR DE	5. State Cr. 6 Gas Lease No.	
LAND OFFICE	Sa. indicate Type of Lease State X Fee	
FILE NEW MEXICO OIL CONSERVATION COMMISSION  U.S.G.S.	C-102 and C-103 Effective 1-1-65	
DISTRIBUTION RECTION	Form C-103 Supersedes Old	
NO. OF COPIES RECEIVED		

TIME	GAS RATE	CHOKE	FTP	BP
1 hr.	705.7 MCFD	9/64"	1578#	510#
1 hr.	977.1 MCFD	11/64"	1511#	510#
1 hr.	1527.9 MCFD	14/64"	1356#	520#
1 hr.	2152.6 MCFD	17/64"	1242#	540#

Recovered 2.3 EC, Grav.  $68.8^{\rm O}$  + 2.2 BLW during 4 hr. test. CAOF from Bone Springs Perfs 5089 - 5284" = 3840 MCFD.