

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
The Superior Oil Company ✓
3. ADDRESS OF OPERATOR
P.O. Box 3901, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1554' FNL, 1980' FEL of Section 1
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) 5-1/2" Casing Recap | |

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.)*

5-1/2" Casing Detail Recap

9-2-84 Ran 145 jts 5-1/2" 15.5# LT&C casing, set @ 5712', cemented w/415 sxs Pacesetter Lite w/1/4#/sx Flocele. Followed w/420 sxs Class C w/.6% CF-1. Plug down @ 1800 hrs 9-2-84 w/2500 PSI. Circ 15 sxs - full returns. Rig release @ 2300 hrs 9-2-84.

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

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

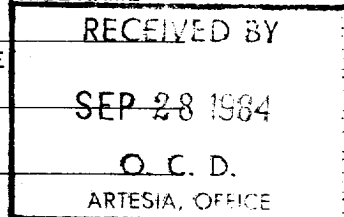
SIGNED [Signature] TITLE Division Opr. Supt. DATE 9-24-84

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: SEP 28 1984

Culley NEW MEXICO *See Instructions on Reverse Side

5. LEASE NM-17095	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Government "D"	
9. WELL NO. 4	
10. FIELD OR WILDCAT NAME Wildcat-San Andres <u>Wildcat E. Packer RS</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1, T21S, R27E	
12. COUNTY OR PARISH Eddy	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3196' GR	



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