

clsf

Form 9-331  
Dec. 1983

RECEIVED BY

DEC 17 1984

O. C. D.

ARTIFICIAL

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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 (Bone Springs)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 1, T21S, R27E

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3196' GR

(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  
Superior Oil Company, The ✓

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, 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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" 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)	<input type="checkbox"/>		<input type="checkbox"/>

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

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.)\*

1. Drilled out cmt in 5-1/2" csg to 5669'. Circulated hole and tested 5-1/2" csg to 1000 PSI. O.K. on 9-8-84.
  2. Perforated Bone Spring Zone 5615 to 5632' w/2 JSPF on 9-10-84.
  3. Acidized Bone Spring Perfs 5615-5632' with 2416 gallons 7-1/2% HCL Acid on 9-11-84.
  4. Frac'd Bone Spring Perfs 5615-5632' with 15,000 gals frac fluid, 24,000# 20-40 sand and 8,000# 12-20 sand, on 9-13-84.
  5. Frac'd Bone Springs Perfs 5615-5632' with 16,000 gals frac fluid, 24,000# 20-40 sand and 8,000# 12-20 sand on 10-26-84.
- Well Tested Non-Commercial - Suspended Operations 10-30-84.  
Evaluating well for additional remedial work.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Mr. L. E. Tate TITLE Division Opr. Supt DATE 12-10-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL DEC 14 1984

Caribol NEW MEXICO

\*See Instructions on Reverse Side