

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

C/S P

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR The Superior Oil Company	3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FN&FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, OR, etc.) 3189 GR	

5. LEASE DESIGNATION AND SERIAL NO. NM-17095	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Government "D"	
9. WELL NO. 10	
10. FIELD AND POOL, OR WILDCAT Avalon-Bone Spring, East	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-21S, R-27E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Casing	<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

9-16/18-85 Drlg
9-19-85 TD 12 1/4 hole, RIH w/67 jts 8-5/8 24# K55 ST&C csg w/6 cent1, cmt on btm @ 2708 w/1200 x Lite (2172 cu ft) + 300 x Class C (396 cu ft), circ 300 x, est hole wo 42%, WOC.
9-20-85 Test csg 1000#-30 min-OK, WOC 18 hrs, Drlg new form.

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

SIGNED

Nancy Lewis

TITLE

MOBIL PRODUCING TX & NM, INC
RS AGENT FOR THE SUPERIOR OIL COMPANY

DATE

9-27-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

001 11985

*See Instructions on Reverse Side