

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. DATE\*  
(Other instructions on re-  
verse side)

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

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."

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY JUL 17 - 1985 OCCO</div>
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 FNL & 630 FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ET, GR, etc.) GR 3219

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. 3	
10. FIELD AND POOL, OR WILDCAT Fenton-Delaware, Northwest	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-21S, R-27E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	SPUD	<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.)\*

8-31-85	MIRU Hillin Drlg Co., SPUD 17½" hole.
9-01-85	Drlg
9-02-85	RIH w/16 jts 13-3/8" 48# K55 ST&C csg w/5 centl, Cmt on btm @ 664 w/650 x C1 C (858 cu ft), circ 75 sx, 27% hole WO, WOC.
9-03-85	WOC 19 hrs, Test csg 1000#, 30 min, OK, Drlg new form.
9-4/5-85	Drlg.

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

SIGNED *Nancy Lewis*

TITLE *AS AGENT FOR THE SUPERIOR OIL COMPANY*

DATE 9-18-85

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 30 1985

\*See Instructions on Reverse Side