

N.M.O.C.D. COPY

Form 9-330
(Rev. 5-65)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

The Superior Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 71, Conroe, Texas 77301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2030' FNL & 1980" FWL Sec. 25

At top prod. interval reported below

At total depth Vertical

14. PERMIT NO.

July 16, 1980

15. DATE SPUNDED 9/26/79 16. DATE T.D. REACHED 11/16/79 17. DATE COMPL. (Ready to prod.) P & A 2-17-80

18. ELEVATIONS (OF, RAB, RT, GR, ETC.)* 3578 GL

20. TOTAL DEPTH, MD & TVD 11772 MD

21. PLUG BACK T.D., MD & TVD P & A (Dry)

22. IF MULTIPLE COMPL. HOW MANY* Dry

23. INTERVALS DRILLED BY

ROTARY TOOLS All

CABLE TOOLS

24. DRILLING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*

Well P & A - Dry Hole

25. TAPE ELECTRIC AND OTHER LOGS RUN

GR BHC SDC MSFL & DLL

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB. FT.	DEPTH SET (MD)	HOLE SIZE	OPENING REQUIRED	AMOUNT PULLED	Top of
13-3/8	61.00	520'	17"	580 sxs "C"	None	Cement
10-3/4	55.50	1800'	12-1/4"	1035 sxs "C"	None	Surface
7-5/8	26.40	9200'	9-7/8"	700 sxs "H"	4852	Surface

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5"	8911	11770	325 "H"	None	2-7/8	9095	9088

31. FLUORINATION RECORD (Interval, size and number)

9305-9310
9339-9342 --Wolfcamp
11333-11336 11495-11499
11450-11453 - Morrow
11463-11466

32. ACID, SHOT, FRACTURE CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED
11450-453 Acidized w/300 gals Morrow flo
11450-453 Squeezed w/10 sxs class "H" cem.
Cement plug 4870-4710, 3350 to 3220, 1850'
1720, 50 to 10'. Cut csg 6' below GL P&A

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) _____

Dry Hole

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL - FCL	GAS - FCL	WATER - FCL	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL - FCL	GAS - MCF	WATER - FCL	OIL GRAVITY-API (CORR.)	

34. DEPOSITION OF GAS (Solid, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

9-331 previously mailed.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

G. Bannantine

TITLE Reg. Group Manager

DATE 2-20-80

STORM CHOKE

*(See Instructions and Spaces for Additional Data on Reverse Side)

6. Remarks. This form is designed for a complete and correct self-completion report and for on all types of lands and leases to either a Federal agency or a State agency. Do not, but intend to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with respect to special cases or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal or State office. See instruction on items 22 and 23, below regarding separate reports for separate completions.

7. Federal action for the form. If necessary, record its identification copies of all currently available logs (old logs, geologists, sample and core analysis, all types etc.), form and procedure to be used and administrative summary, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments are to be filed on this form, as Form 22.

8. Federal action for the form. State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. (Consult local State or Federal office for specific instructions.)

Items 22 and 24: If time well be permitted for scenario production from more than one interval zone, multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, (top(s), bottom(s) and net(s)) (if any) for only the interval reported in item 23. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 25: "Geologic Correlation". Attached supplemental records for the well should contain a geologic correlation chart, showing the correlation of the well with other wells in the area.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

[illegible][illegible]

NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
WOLF CANYON	2,382		
1ST IRON SPRING	5,260		
2ND IRON SPRING	6,330		
3RD IRON SPRING	7,498		
WOLF CANYON	8,050		
CISCO CANYON	8,323		
SHALF	9,810		
SHALF	10,142		
ATOKA LIME	10,290		
MORROW LIME	10,550		
MORROW CLASTICS	11,106		
BASE OF MORROW	11,142		
" " SHALF	11,576		
WOLF CANYON (M.L.S.S.)	11,770		