

RECEIVED

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form Approved.  
Budget Bureau No. 42-R1424Form 9-331  
AUG 20 1982

UNITED STATES

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYO. C. D.  
ARTESIA, OFFICE

## 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 well ☐ gas well ☒ other

2. NAME OF OPERATOR

The Superior Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 3901, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL, 1980' FWL

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☒ABANDON\* ☐(other) To test Stream zone

5. LEASE

NM-18042

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Soto Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME

Undesignated (Stream)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12, T24S, R32E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3531.5' GR

(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. Dump sd into hole to 14,100'. Dump cmt on top of sd to 14,050'.
2. Load tbq w/4% KCl wtr to 5000'. WOC 12 hrs.
3. RU perf gun and perf @ 13,740-13,762', 13,774-13,788' w/2 JSPF (total 72 holes).
4. Acidize perms. *atoken*
5. Put well back on production if ~~Stream~~ zone is productive.

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

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

SIGNED

G. E. Tate

TITLE

Prod. Supt.

DATE

8-12-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Print Name) \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

AUG 18 1982

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side