

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

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 ☐ gas ☒ 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 of Sec. 12
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) Atoka Workover (add perfs) ☐ ☐

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.

1

10. FIELD OR WILDCAT NAME

Undesignated (Atoka)

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

Section 12, T24S, R31E

12. COUNTY OR PARISH

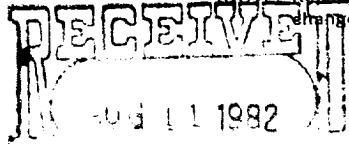
Eddy

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. MI & RU Dresser Atlas.
2. RIH w/2-1/16" gun w/.40" hole diameter.
3. Perf w/2 JSPF @ 14,327'-14,338', 14,343'-14,363' (total of 62 holes, decentralized W/O° phasing).
4. Treat w/6000 gals 15% HCl mixed w/4% KCl + additives and 60-70 balls w/1.5-2 bbls. Flush w/700 SCF/bbl nitrogen.
5. Evaluate and restore to production.

RECEIVED

AUG 16 1982

O. C. D.

ARTESIA, OFFICE

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED G. E. Tate TITLE Prod Supt DATE 8-10-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 13 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side