

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

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, Texas 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

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.)*

P&A Reason: This well is being abandoned because it is no longer commercially productive.

P&A Procedure

1. See Attachment Est. Start Date 1-4-84
Est. P&A Date 1-14-84

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED G.E. Tate ASH G.E. Tate TITLE Div. Opr. Supt. DATE December 30, 1983

APPROVED (This space for Federal or State office use)
(Orig. Sgd.) PETER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 2 1984

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
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 12, T-24-S, R-31-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3551-5 GR 3531.5

(NOTE: Report results of multiple completion or zone change on Form 9-330.)