

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. SF-078357
2. NAME OF OPERATOR Superior Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 23429 County Road G, Cortez, CO 81321	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1120' FNL, 1110' FEL, Section 15	8. FARM OR LEASE NAME Marshall
12. ELEVATIONS (Show whether DF, RT, GR, etc.) KB: 6149' GL: 6137'	9. WELL NO. #2-E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15 T27N, R9W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	Cement Tops ☒
(Other) ☐		(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.)

10/31/84: Circulated cement to surface on 8-5/8", 24# casing.
11/11/84: Top of cement for first stage cement at 3400' (DV tool at 3320').
Circulated trace of cement to surface on second stage.

Actual tops to be determined with CBL/VDL

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

SIGNED <u>David B. Jensen</u> David B. Jensen	TITLE <u>Engineer</u>	DATE <u>12/26/84</u>
(This space for Federal or State office use)		
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE _____

*See Instructions on Reverse Side