

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 4500, The Woodlands, TX77380
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FWL of Sec. 18
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Straight hole

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 checked="" 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.)*

Plug and Abandoned well by setting plugs.

- 1) Plug 5565'-5415' w/60 sxs class H.
- 2) Plug 3575'-3425' w/80 sxs class H.
- 3) Plug 1655'-1485' w/80 sxs class H.
- 4) Plug Surface w/10 sxs cmt & welded plate on csg.

Well plugged 12-17-81

5. LEASE
NM - 16318
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME DEC 2 1982
Federal "18"
9. WELL NO. 1 O. C. D.
ARTESIA, OFFICE
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-14S-24E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3730'

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

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

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

SIGNED G. Bannantine TITLE Reg. Group Mgr DATE 1-13-82

APPROVED (This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 30 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

JAN 18 1982

U.S. GEOLOGICAL SURVEY
LOS ALAMOS, NEW MEXICO