A. M. UIL CONS. COMMISSION _

Form Approved. Budget Bureau No. 42-R1424

P. O. BOX 1980 UN.. ED STATES HOBBS, NEW MEXICO DEPARTMENT OF THE INTERIOR

NM-12568

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SUNDRY NOTICES AND REPORTS ON WELLS

GEOLOGICAL SURVEY

(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 on gas	
1. oil gas gas well	other
2. NAME OF OPERATOR The Superior Oil Com	pany
3. ADDRESS OF OPERATOR P.O. Box 3901, Midla	nd, Texas 79702

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

AT SURFACE:

1980' FSL, 660' FEL of Section 1

AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

9. WELL NO. 10. FIELD OR WILDCAT NAME

Bondurant Federal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Tonto (Atoka) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 1, T19S, R32E 12. COUNTY OR PARISH 13. STATE New Mexico Lea

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3660 KB

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* Recomp. from Penn to Atoka (other)

change on Form 9-330.)

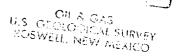
(NOTE: Report results of multiple completion or zone

- 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.)*
- Set CIBP for $5\frac{1}{2}$ " csg on top of pkr. @ 13,075'.
- 2. Dump 35' of cmt on top of CIBP.
- 3. Set pkr @ 12,400'.
- Perf Atoka w/2" perf gun w/16 holes @ 12,537 40' w/4 JSPF using 4. 0° phasing.
- 5. Swab/flow well.
- Acidize if required. 6.
- Recover load, if acidized, test & put well on production. 7.

__ Set @ ____ Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct Area Prod. Supt. DATE APPROVED (This space for Federal or State office use) APPROVED BY Sgd.) PETER W. CHESTER DATE TITLE CONDITIONS OF APPROVAL, IF ANY: MAR 23 1983

FOR JAMES A. GILLHAM DISTRICT SUPERVISOR

*See Instructions on Reverse Side



RECEIVED

MAR 24 1983

O.C.D. HOBSS OFFICE