Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NH A STANDARD
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 📉 other	Canality and Table
2. NAME OF OPERATOR	9. WELL NO.
The Superior Oil Company	10. FIELD OR WILDCAT NAME)
3. ADDRESS OF OPERATOR	West Tonto Mennew 1
P. O. Box 4500 The Woodlands, Texas	11. SEC., T., R., M.,-OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec 1, T19S, R32E
AT SURFACE: 1980' FSL & 660' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Lea County New Mexico
	14. API NO. = 4 2 3 3 3 3
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	TE FLEVATIONS TO YOUR DE TROP TO THE
	15. ELEVATIONS 《SHOW DF, TKDB, AND WD) GL: 3660 (金紅色 配 尼 服 版 图)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	TO LUE WED
TEST WATER SHUT OFF U U	HANDE TO THE STATE OF THE STATE
SHOOT OR ACIDIZE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REPAIR WELL	(NOTE: Report results of multiple completion of sone change on Form 9-330)
MULTIPLE COMPLETE	
CHANGE ZONES	
(other) full	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen. The perforation work sited on form dated 10-1	irectionally drilled, give subsurface locations and to this work.)*
to those perfs (13,155 - 13,250' O/A), it is	
 Perforate the 5-1/2" casing 13,380 - 13 13,403 - 13,411'. 	,385', 13,393 皇祖3,399', and 夏春夏节 皇 皇皇
Test and evaluate.	
 If required - acidize with 7,000 gals of nitrogen per barrel and 250 ball sealer 	
4. Test and evaluate.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
A full report of actions taken will follow. Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	Set @Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED 2 BONT L. H. Bohot TITLE Engr. Supervi	SOT DATE 11/5/80 -
(This space for Federal or State off	ice use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	APPROVED
USGS (3), EJW, PRB, GD, BJW, DBH, RG, CF	NOV 1,9 19 8 0
*See Instructions on Reverse S	
	O DISTRICT SUPERVISOR