Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Bondurant Federal
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 differen eservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
eservoir. Use Form 9-331-C for such proposals.)	
1. oil gas X other	9. WELL NO.
2. NAME OF OPERATOR	
The Superior Oil Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
<u>P. O. Box 4500 The Woodlands, Texas</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	7 AREA
below.) AT SURFACE: 1980' FSL & 660' FEL	<u>Sec 1, T19S, R32E</u>
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Vertical	Lea County, New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	GL: 3660' GL: 3630.5
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
	enven tie i site
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
	100(change on Form 97330.)
	COUCAL SURVEY
ABANDON* . 🔲 🔄 U.S. CON (other) – HOSBS.	LOGIDAL SURVEY
H0222	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine 	directionally drilled, give subsurface locations and
 POH with tubing. GIH with plug and set in Otis XN nipple 	(Baken Model # 51 16 13 263) set
35' of cement on top.	
3. GIH with Baker Model "F" packer and tubi	ing to 13.075
4. Perforate the 5-1/2" casing 13,155 - 13,	,164', 13,222 - 13,231', and
13,242 - 13,250'.	
5. Test and evaluate.	
6. If required - acidize with 3,500 gallons	
SCF of Nitrogen per barrel, and 130 ball	l sealers.
7. Test and evaluate.	
Subsurface Safety Valve: Мапи. and Туре	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED IN BORT L. H. BOHOTTITLE Engr Supervi	isor10/1/80
(This space for Federal or State of	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	APPROVED
(O+3) PB, CRC, LH, RG, CF	
 .	e side 0CT 8 1980
*See Instructions on Reverse	
"See Instructions on Reverse	In let
"See Instructions on Revers	Ta DISTRICT SUPERVISOR

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