H. M. SH. COMB. COMMISSION

Form 9-331	P. O. Toron	Form Approved. Budget Bureau No. 42–R1424
Dec. 1973	UNITED STATES 88240	5. LEASE
	DEPARTMENT OF THE INTERIOR	NM-086
	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
reservoir. Use Fo	70 pm 9–331–C for such proposals	8. FARM OR LEASE NAME
1. oil X	gas Other	Government E 9. WELL NO.
2. NAME OF OPERATOR The Superior Oil Company		6 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR		Lea (San Andres)
P.O. Box 3901, Midland, Texas 79702		11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1800 FNL & 900' FEL, Section 25 AT TOP PROD. INTERVAL: T19S, R34E AT TOTAL DEPTH: Same as above		7 AREA Section 25, T19S, R34E
		Lea New Mexico
		14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		·
		15. ELEVATIONS (SHOW DF, KDB, AND WD) GL: 3761, KDB: 3772
REQUEST FOR	R APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TE		
SHOOT OR A		
REPAIR WELL PULL OR ALT		(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE CO		
CHANGE ZON ABANDON*	TES 123.	
(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.)*		
We propose to plug back from the San Andres zone (perfs 5886-5906) and recomplete in the Queen Zone (perfs 4716-5006). We will set a cast from Bridge Plug at 5850'. Pressure test bridge plug to 1000 psi, then damps MANAGENTA ASS' cement plug on top of bridge plug for a PBID of 5815'. We will then perforate the Queen Zone 4716-5006' overall. We will acidize and frac if needed to complete. We will start workover when approval is received.		
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	t .	SOUTH NEW MY
Subsurface Sa	afety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct		
SIGNED TITLE Division ODY. Suptate 8-19-83		
(This space for Federal or State office use)		
APPROVERTIEN Sed.) PETER W. CHES ER TITLE DATE CONDITIONS OF APPROVAL, IF ANY:		
SEP 2 0 1983		
*See Instructions on Reverse Side		