

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U. S. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 3901, Midland, Texas 79702

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

AT SURFACE: 1980' FNL, 1980' FEL of Sec. 23

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

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

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* ☐

(other) Strawn completion attempt

5. LEASE

NM-26395

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government "23"

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat (Strawn)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T19S, R34E

12. COUNTY OR PARISH

Lea

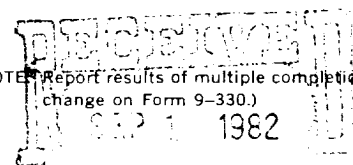
13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3805.2' GR

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



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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.)*

1. Operations resumed. Set CIBP @ 13,000', dump-bailed 5 sx cmt on top.
2. Perf'd w/3-1/8" csg gun @ 12,404-12,423' w/2 JSPF 120° phase (total 38 shots).
3. Set pkr @ 12,250' and ppd 7 bbls KCl wtr, stim. w/4000 gals MOD-202 acid, 57 ball sealers, flushed w/52 bbls 5% KCl wtr w/750 SCF N2/bbl. Good ball action.
4. Swabbed and tested well from 7-31-82 thru 8-17-82, recovered 498 BW, 248 B0, Operations Suspended.
5. Will test Bone Springs.

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

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

SIGNED

[Signature]
G. E. Tate

TITLE Prod. Supt.

DATE 8-31-82

(This space for Federal or State office use)

(Orig. Sgd.) GEORGE H. STEWART

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAMES A. GRIFFIN
DIRECTOR SUPERVISOR

*See Instructions on Reverse Side