

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Section 9
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) 13 3/8" Csg Detail	

5. LEASE
NM- 0554858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Government "9"

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Scharb (Bone Spring)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 9 - 19-35

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3822.7' GR

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

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. Drld. to 410'.
2. Ran 10 jts 13 3/8" 54.5# K-55 ST&C csg, set @ 410', cmt'd w/450 sx Class C, 2% Ca Cl w/1/2#/sx cello flakes. Bumped plug w/1000# - held O.K., circ 66 sx to surface. WOC 24 hrs.

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

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

SIGNED G. E. Tate TITLE Area Prod. Supt. DATE 3-31-83

ACCEPTED FOR RECORD (this space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE
CONDITIONS OF APPROVAL APR 15 1983

ROSWELL NEW MEXICO

*See Instructions on Reverse Side

RECEIVED
APR 18 1983
U.S. DEPT.
HUMAN RESOURCES OFFICE