

UNITED STATES, NEW MEXICO 88246
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 ☒ gas ☐
well 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' FSL, 660' FEL, Sec. 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) 13 3/8" Csg. Detail

SUBSEQUENT REPORT OF:

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☐
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☐
☐
☐

RECEIVED

JUN 1

1983

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

OIL & GAS

ROSWELL, NEW MEXICO

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.
2

10. FIELD OR WILDCAT NAME
Scharb (Bone Spring)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 9, T19S, R35E

12. COUNTY OR PARISH | 13. STATE
Lea | NM

14. API NO.
NA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3807.2 GR

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.)*

Ran and cmtd. 13 3/8" csg @ 430'. Cmtd 13 3/8' csg w/450 sx-Class C, 2% A-7, 1/4#/sx Celloseal. Bumped plug w/700 PSI. Plug down @ 8:15 A.M. 4-14-83. Circulated 150 sx to surface. WOC in excess of 8 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 5-31-83

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: