N. 11.	****	الماريخ الماريخ	MARKE AT A	15 (10 A) 1 (10 A)
P. O. F				
Fin 1				***

Form 9-331 Dec. 1973 Form Approved.
Budget Bureau No. 42-R142

	5. LEASE		
DEPARTMENT OF THE INTERIOR	NM-0554858		
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 reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME		
reservoir, Use Form 9–331–C for such proposals.)	O. FARM OR LEASE NAME		
1. oil gas other	Government "10" 9. WELL NO.		
2. NAME OF OPERATOR	1		
The Superior Oil Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Scharb (Bone Spring-Wolf)		
P.O. Box 3901, Midland, TX 79702 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
below.)	Section 10, T19S, R35E		
AT SURFACE: 660' FSL, 660' FWL Section 10	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	Lea NM:		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3795.9' GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	J/33.9 dk		
TEST WATER SHUT-OFF			
SHOOT OR ACIDIZE			
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
MULTIPLE COMPLETE	Shange on Your 3-34d,		
CHANGE ZONES			
(other) Wolfcamp testing	MEXICO MEXICO		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of stating any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and		
Recap of Wolfcamp Complet	ion Attempts.		
25-83 Cleaned location, install equip, drld cr	nt, test equip, ran logs, perfd 10,58		
hru 10,786' (25 total holes). Spotted 500 gals 15% acid. Had good treatment. Swa	gdis 15% NE-re, actorized perts W/4000 abbed frac'd perfs W/75 300 gals		
06-83 frac fluid and 102,000# 20-40 sd.	2000 guis		
-07-83 Recovered load, swabbed, tested, ran pro	od equipment to test Wolfcamp zone.		
thru - Tested thru 9-28-83. <u>Will test Bone Sp</u> -28-83	cing.		
720-03	·		
Subsurface Safety Valve: Manu. and Type	Set @ Ft		
18. I hereby certify that the foregoing is true and correct			
	Fobrages, 10, 1004		
SIGNED LE STATE G. E. Tate TITLE Div. Opr. SI	upt. DATE February 10, 1984		
(This space for Federal or State o	ffice use)		
Que (a)	•		

Carlsbal, NEW MEXICOSee Instructions on Reverse Side