Form 9-331 Dec. 1973

UNITED STATES

Form A	pproved	١.		
Budget	Bureau	No.	42-R14	12

UNITED STATES	Budget Bureau No. 42-R1424		
DEPARTMENT OF THE INTERIOR	5. LEASE		
GEOLOGICAL SURVEY	NM 11967		
	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		
1. oil	8. FARM OR LEASE NAME		
well well to other	Triste Draw Federal		
2. NAME OF OPERATOR	9. WELL NO.		
The Superior Oil Company	[
3. ADDRESS OF OPERATOR P. O. Box 4500, The Woodlands, TX 77380	10. FIELD OR WILDCAT NAME Wildcat		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
AT SURFACE: 1980' FSL & 1980' FEL	Sec. 14, T23S, R32E		
AL TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	Lea New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
REPORT, OR OTHER DATA			
PEOUEST FOR ADDRESS	15. ELEVATIONS (SHOW DF, KDB, AND WD) DF: 3730' KDB: 3731 5'		
TEST WATER SHIT OF	KUB: 3/31.5		
FRACTURE TREAT	(१८५५)		
ON ACIDIZE	7. [1]		
REPAIR WELL	VIII		
PULL OR ALTER CASING	CNOTE: Report results of multiple completion or zone		
MULTIPLE COMPLETE	charge on Form 9-330.)		
CHANGE ZONES	46		
Cathon Moll Co. 2	51 61 61		
WOLKING WOLKEL, NEW	V MEXICO		
17 DESCRIPE PROPOSED OF THE			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent	all pertinent details		
measured and true vertical depths for all markers and zones pertinent	ectionally drilled, give subsurface least		
	to this work.)*		
1. Set CIBP at 14,400±.			
4. Circulate to load holo with a a a			
3. Spot 30 sxs cement through tubing on top of Perforate Wolfcamp 012 1911 32 1921	e.		
4. Perforate Wolfcamp @12,181'-12,193' w/4 JSI	f BP.		
5. Set packer @ 12,000'±.	PF.		
	green a Mentile		
The state of the s			
i i required, actuize with thon as i uci	And the assert of		
8. Test and evaluate.			
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	The state of the s		
	the second of th		
ubsurface Safety Valve: Manu. and Type			
raite: manu. and type	Set @		
3. I hereby certify that the foregoing is true and correct	Jet @ Ft.		
GNED THAT FROM SUPONICE			
TITLE LING . Super V IS	or July 15, 1981		
ACCEPTED FOR RECORD (This space for Federal or State office up to CHAPMAN)	- 0016		
DOOLER AND SELECTION OF A PARTY AND A PART			
PROVED BY ROGER A. CHAPMAN NOITIONS OF APPROVAL, IF ANY: TITLE	·		
APPROVAL, IF ANY	DATE		
C: USGS (3), RG			
U.S. GEOLOGICAL SURVEY			
10.3. 01010010711 3011 1			
ROSWELL, NEW MEXICO See Instructions on Reverse Side			