## UNITED STEADERY TO O. G. C.

DEPARTMENT	OF	THE	INTERIOR
GEOLOGI	CAL	SUR	VFY

5. LEASE

SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to depth (Do not use this form for proposals to drill or to depth (Do not use this form for proposals)  1. oil	6. IF INDIAN, ALLOTTEE OR TRIBE NAME  7. UNIT AGREEMENT NAME  B FARM OR LEASE NAME  Triste Draw Federal  9. WELL NO.  I  VO FIELD OR WILDCAT NAME  CO Wildcat  11. SEC., T., R., M., OR BLK. AND SURVEY OR  AREA  Sec. 14; T23S; R32E  12. COUNTY OR PARISH 13. STATE  Lea New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  DF: 3730 KDB: 3731.5
Connective this form for proposals to drill or to deep   Code	FARM OR LEASE NAME Triste Draw Federal  9. WELL NO.  I  VE YFIELD OR WILDCAT NAME O WILDCAT NAME O WILDCAT NAME 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec., 14; T23S; R32E  12. COUNTY OR PARISH 13. STATE Lea New Mexico 14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)
1. oil well	Triste Draw Federal  9. WELL NO.  I  RVE FIELD OR WILDCAT NAME  CO Wildcat  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 14; T23S; R32E  12. COUNTY OR PARISH 13. STATE  Lea New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)
well well other  2. NAME OF OPERATOR  The Superior Oil Company U.S. GEOLOGICAL SU  3. ADDRESS OF OPERATOR  P. O. Box 4500, The Woodlands, TX 77380  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)  AT SURFACE: 1980' FSL & 1980' FEL  AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:  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	Triste Draw Federal  9. WELL NO.  I  RVE FIELD OR WILDCAT NAME  CO Wildcat  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 14; T23S; R32E  12. COUNTY OR PARISH 13. STATE  Lea New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)
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CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  CQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  CST WATER SHUT-OFF  CACTURE TREAT  HOOT OR ACIDIZE	14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)
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EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  ST WATER SHUT-OFF   RACTURE TREAT  HOOT OR ACIDIZE	
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ILL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
JLTIPLE COMPLETE	, , , , , , , , , , , , , , , , , , , ,
IANGE ZONES  ANDON•	
her)Well Completion	
DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is directly measured and true vertical depths for all markers and zones pertinent. Set first packer @ 15,370'	
Set second packer @ 14.500'	
. GIH with tubing and latch into packer @ 14,5	00'
. Perforate Middle Morrow @ 15,451'-15,454'; 1	5,458'-15,480' w/4JSPF.
If required, acidize above zone with 4000 ga If above zone is not productive, set plug in Middle Morrow @ 15,306'-15-310'; 15-320'-15, If required, acidize above zone w/2000 gallow Test and evaluate.	bottom packer. Perforate Upper 322'; 15,326'-15,335'.
.coc una cratuate.	
bsurface Safety Valve: Manu. and Type	
	Set @ Ft.
. I hereby certify that the foregoing is true and correct	
NED C. H. Bohot TITLE Engr. Supervis	
ACCEPTED FOR RECORD Space for Federal or State office	
PROVED BY PETER W. CHESTER TITLE	DATE
JAN 2 2 1981	
U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICOSO Instructions on Reverse Sid	