

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424

LEASE DESIGNATION AND SERIAL NO.

NW-17445

IF INDIAN, ALLOTTEE OR TRIBE NAME

N.A.

UNIT AGREEMENT NAME

Government "L" Unit

FARM OR LEASE NAME

Government "L"

WELL NO.

#1

FIELD AND POOL, OR WILDCAT

Wildcat

SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18 - T24S - R34E

COUNTY OR PARISH STATE

Lea

New Mexico

OIL WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

The Superior Oil Company

ADDRESS OF OPERATOR

P. O. Box 71, Conroe, Texas 77301

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FEL & 1980' FNL

Sec. 18 - T24S - R34E

PERMIT NO.

ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Weekly Report

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

X

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

Drilled 9-1/2" hole to 14,243'.

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

SIGNED

Carl Ross
Carl Ross

TITLE Jr. Petroleum Engineer

DATE Jan. 4, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JAN 9 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

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