

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE  
(Other Instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-17446
2. NAME OF OPERATOR The Superior Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.A.
3. ADDRESS OF OPERATOR P. O. Box 71, Conroe, Texas 77301	7. UNIT AGREEMENT NAME <del>Wildcat</del>
4. 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 - R24E	8. FARM OR LEASE NAME Government "L"
14. PERMIT NO. NM-17446	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3575.7 feet G.R.	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18 - T24S - R34E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Run Casing	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.) \*

Ran 15 jts. - 20" O.D. 94# H-40 ST&C OHL 929.51'. Cemented casing w/1662 CF consisting of 760 sxs. Class "C" cement w/6% gel, 1/4#/sack flocele, 2% CaCl followed w/200 sxs. Class "C" w/1/4#/sack flocele and 20% CaCl. Had good returns on cement. Welded on OCT C-22-L slip on head w/20" Series 900 top flange. Tested same to 300# check OK, welded 72" x 2" base plate. Nipple up Shaffer Series 600# BOP's w/5" ram in bottom and blind ram in top. Nipple up 600 Series Hydril. Pressured up to 1000# OK.

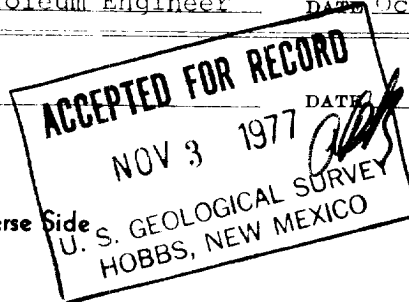
18. I hereby certify that the foregoing is true and correct

SIGNED K. C. Ross K. C. Ross TITLE Jr. Petroleum Engineer DATE Oct. 31, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side