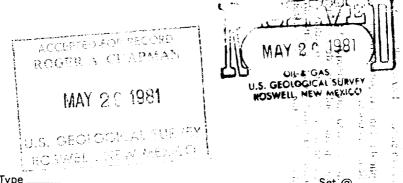
## Form Approved. N.M.O.C.D. COPY Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR <u>066653 Las Cruces</u> **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals) <del>JUN</del> 2 1981 8. FARM OR LEASE NAME 1. oil <u>Governme</u>nt M X <del>O.</del> C. D. well well other 9. WELL NO. ARTESIA, OFFICE 2. NAME OF OPERATOR Superior Oil Company 10. FIELD OR WILDCAT NAME HOB∃\$ 77380 3. ADDRESS OF OPERATOR South Bell Lake <u>Box 4500</u>, The Woodlands, Texas 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 **AREA** T24S- R34E = Sec 17 AT SURFACE: 1980' FSL & 1980' FWL Sec. 17 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: T24S Lea New Mexico AT TOTAL DEPTH: 14. API NO. 2 1 2 Ξ 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3551 REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE 0 REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* Spud & Run Casing

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.)\*

SEE ATTACHED



Subsurface Safety Valve: Manu. and Type	Set @	
18. I hereby certify that the foregoing is true and correct	-	
SIGNED Human Fried Regulatory Group Mgr.	5-21-81	
-cr G. Bannantine		

(This space for Federal or State office use)

TITLE CONDITIONS OF APPROVAL, IF ANY: