

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well ☐ gas well ☒ other _____
2. NAME OF OPERATOR
Supron Energy Corporation
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
860 Ft./North; 990 Ft./West Line
AT SURFACE:
AT TOP PROD. INTERVAL: **Same as above**
AT TOTAL DEPTH: **Same as above**

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>

(other) **To Change Form 9-331C**

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.)*

Changes to Form 9-331C Dated 7/20/79

This location was originally staked 860 ft. from the North and 1045 ft. from the West line of Sec. 10, T-24N, R-5W. It was moved to 860 ft. from the North and 990 ft. from the West line. The change was necessary because the Gallup zone was on a non-standard location.

The casing program will be the same.

Change in Name of Well

This well was originally named Jicarilla "L" No. 2-M. It was changed to the Jicarilla "L" No. 2-E because the suffix letter had to comply with the State Mineral Department requirements.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Rudy D. Morro TITLE **Area Superintendent** DATE **August 16, 1979**
Rudy D. Morro

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
Contract No. 10
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla "L"
9. WELL NO.
2-E
10. FIELD OR WILDCAT NAME
Otero Gallup - Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-24N, R-5W N.M.P.M.
12. COUNTY OR PARISH
Rio Arriba 13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6647 Ground Level

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

*See Instructions on Reverse Side

AUG 17 1979
U. S. GEOLOGICAL SURVEY
DURANGO, COLO.