

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 Corp. % John H. Hill, et al

3. ADDRESS OF OPERATOR Suite 020, Kysar Building
300 W. Arrington, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1660' FSL & 990' FWL (NW SW)

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

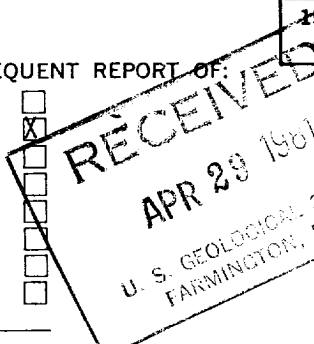
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
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☐
☐
☐
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☐
☐
☐



5. LEASE

Jic. Cont. 10

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME

Jicarilla-Apache

8. FARM OR LEASE NAME

Jicarilla "L"

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Mesa Verde/Chacra

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

Sec. 34 T25N R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6765' GR

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.)*

1. Frac'd the Chacra (3584'- 3618') with 13,776 gallons 70% Quality Foam, 2% KCL water, 40,000# 20/40 Sand and 679,353 SCF Nitrogen.
2. Maximum Treating Pressure 2700 PSI, Minimum Treating Pressure 2400 PSI, Average Treating Pressure 2600 PSI, ISDP 1700 PSI, Final Shut-In Pressure 1700 PSI in 15 minutes. Job completed at 10:51 A.M., 4/25/81.

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

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

SIGNED Thomas V. Wallis TITLE Exploration/Development Superintendent

DATE April 28, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

APR 30 1981

FARMINGTON DISTRICT

BY CSH