

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 ☐

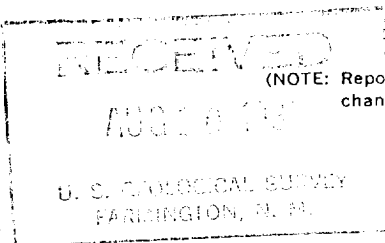
CHANGE ZONES ☐

ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

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



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.)*

1. Logged well, ran Gamma Ray Correlation and CCL logs.
2. Perforated the Pictured Cliffs formation as follows: 2770, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80. Total 11 holes with .34" Tolson Gun.
3. Acidized with 1500 gallons 15% HCL acid and 2% KCL water. Dropped 22 - 7/8" Ball Sealers, good ball action.
4. Maximum Treating Pressure 2900 PSI, Average Treating Pressure 1800 PSI, Minimum Treating Pressure 800 PSI, Final Shut-In Pressure 200 PSI in 15 minutes. Job completed at 2:04 A.M., 8/5/81.

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

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

SIGNED Herman V. Wallis TITLE Exploration/Development Superintendent DATE August 7, 1981

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY [Signature]