

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.)
AT SURFACE: 1775 Ft./S; 1685 Ft./W line
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Ran 4-1/2" Casing

SUBSEQUENT REPORT OF:

- ☐
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RECEIVED
FEB 09 1981

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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. Drilled 7-7/8" hole with mud to total depth of 6238 ft. R.K.B. Total depth was reached on 2/3/81.
 2. Ran 151 joints of 4-1/2", 10.50#, K-55 casing and set at 6232 ft. R.K.B. Float collar is set at 6190 ft. R.K.B. and stage callar at 3960 ft. R.K.B.
 3. Cemented first stage with 350 sacks of 50-50 Poz mix with 2% gel. Plug down at 3:00 P.M. 2-5-81. Cemented second stage with 150 sacks of 65-35-6 and 12-1/2 lb. of Gilsonite per sack and 100 sacks of class "B" with 2% calcium chloride. Plug down at 6:15 P.M. 2-5-81.

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

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE February 6, 1981

(This space for Federal or State office use)

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