Contract 100

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GFOLOGICAL SURVEY

dededatorie de tra	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Jicarilla "D"
1. oil gas X other	9. WELL NO.
Well — Well	18
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Supron Energy Corporation 3. ADDRESS OF OPERATOR	Blanco Mesaverde
P.O. Box 808, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 800'/North and 800'/East line	AREA Sec. 30, T-26N, R-3W N.M.P.M.
AT SURFACE: Same as above	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as above	Rio Arriba New Mexico
AT TOTAL DEPTH: Same as above	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND W
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7114 GR 7126 KB
TEST WATER SHUT-OFF [] X	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zo change on Form 9-330.)
PULL OR ALTER CASING U MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	** The pro-
(other)	11 J. 4 C. 11 - 99 - 7
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	itectionally dimed, give appartiace locations a
1. Spud 13-3/4" surface hole at 2:00 P.M. 8/29	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
2. Drilled surface hole to T.D. of 240 ft. R.K	
3. Ran 7 joints (223') of 9-5/8", 32.30# H-40	
4. Cemented with 240 sx. of class "B" w/2% CaC 8/30/79. Cement circulated to surface.	:1. Plug down at 2:30 A.M. on
5. Waited on cement for 12 hours.	
6. Pressure tested casing to 1000 PSIG for 15	minutes. Held ok.
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct	
Rudy D. Motto	tendentare October 26, 1979
(This space for Federal or State of	fice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	