

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 ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
Supron Energy Corp. c/o John H. Hill, et al.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 800 FNL & 950' FWL (NW NW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

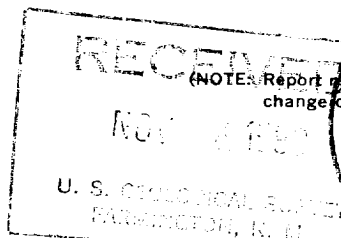
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

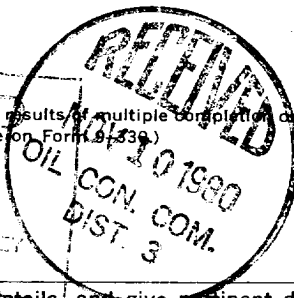
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
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(NOTE: Report results of multiple completion or zone change on Form 9-339.)



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. Total depth 7 7/8" hole, drilled to 7510'.
2. Ran 203 joints (7309') of new 5 1/2", 20# LS LT&C and 2 joints (81.2') 20#, ST&C.
3. Set and cemented 7490'.
4. B.J. Hughes cemented in three stages. Bakerline stage tools at 5498' and 2997'.
First Stage: 376 sacks 50/50/2 Poz, 2% A-7, .6% D-19.
Second Stage: 348 sacks 50/50/6 Poz, 2% A-7.
Third Stage: 754 sacks 50/50/6 Poz, 2% A-7, tailed in with 50 sacks Class "B" Neat cement.
5. Circulation good throughout job, circulated 5 barrels cement.
6. Water shut-off tested at 2000#.

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

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

SIGNED Gorman P. Dallas TITLE Exploration and Development Superintendent DATE _____

OCT 29 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

WMOCC

BW