

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Supron Energy Corporation c/o John H. Hill & Gordon L. Llewellyn

3. ADDRESS OF OPERATOR
8350 North Central Expressway, Suite 140, Dallas, Texas 75206

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2130' FNL & 660' FWL (N $\frac{1}{2}$) Mesaverde
(NW $\frac{1}{4}$) Pictured Cliffs

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
NM-02901

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Foster

9. WELL NO.
#4A

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4 T26N R8W NMPM

12. COUNTY OR PARISH _____ 13. STATE _____

15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SURSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

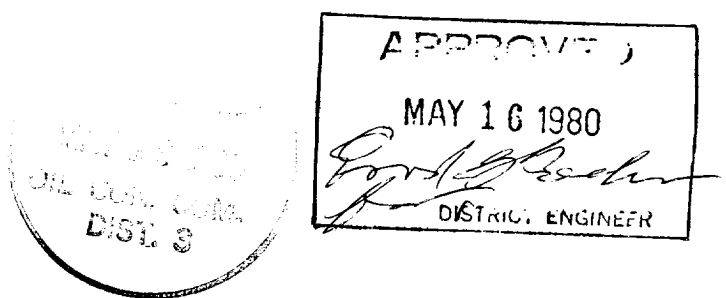
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Supron Energy Corporation requests a change in the Sundry Notice which was filed with you on 4/18/80.

Odeco rig will drill out plug with workover rig; both zones will be perforated. Acid-foam fracturing will be done. Equipment will be truck mounted pump, hopper for sand, compressor for foam with nitrogen tanks; 300 bbl. acid tank and 500 bbl. water tank. Foam and sand will be added to water/acid downstream of pump.

All combustible materials will be 120 feet from wellhead and 120 feet from pump. Tubing will be 2 3/8" 4.7# 8 Round EUE CW-55.



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

SIGNED George Lapaseotes TITLE Agent Consultant DATE 5/8/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

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*See Instructions on Reverse Side

NM0001