

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

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 1
below.)
AT SURFACE: 2130' FNL & 660'FWL (SW 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 | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) _____ | |

SUBSEQUENT REPORT OF:

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

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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. Spudded 11" hole, to 330' at 8:15 A.M., 1/8/80. Cement circulated,
2. Ran 8 joints (318') of new 8 5/8", 24# ST&C K-55 casing,
3. Set and cemented at 318'.
4. Cemented with 250 sacks, Ideal Class B, 2% Calcium Chloride.
5. Plug down at 10:15 P.M., 1/8/80.
6. Circulation good throughout job. Circulated 12 barrels of cement.
7. Check water shut-off at 800# with 10" 900 Series Schaffer Blow-out Preventer.

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

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

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 SIGNED Stephen J. Walker TITLE Exploration and Development Superintendent DATE

OCT 15 1980

(This space for Federal or State office use)

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

BW

NMCC
*See Instructions on Reverse Side