

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 % John H. Hill, et al
3. ADDRESS OF OPERATOR Kysar Building, Suite 020
300 W. Arrington, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Name change

SUBSEQUENT REPORT OF:

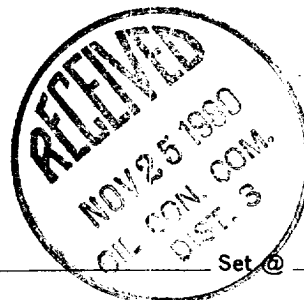
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5. LEASE
NM 02901
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Foster
9. WELL NO.
4A
10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
N/2 Sec. 4
T26N, R8W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6389' Gr

(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.)*

We respectfully request the name of the above well be changed to Foster 6. This is a single completion Pictured Cliffs well.



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

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

SIGNED James V. Wallis TITLE Exploration & Development Superintendent DATE November 17, 1980

(This space for Federal or State office use)

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

REPORTED FOR RECORD

NOV 18 1980

WMOCC

*See Instructions on Reverse Side

BY 1