

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 Bldg. Ste. 020
300 W. Arrington, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 605' FNL & 1705' FEL (NW NE)
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:

☐
☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE
SF - 078430

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Newsom A

9. WELL NO.
7 - E

10. FIELD OR WILDCAT NAME
Wildcat

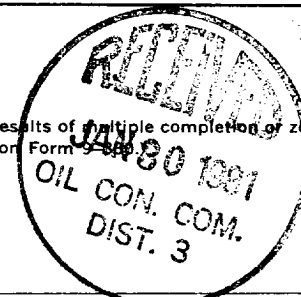
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10 T26N R8W NMPM

12. COUNTY OR PARISH San Juan
13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6903' GR

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



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. Logged well, ran gamma ray and neutron logs.
2. Perforated Dakota 7382, 84, 92, 94, 7410, 12, 14, 22, 24, 26, 28, 32. 12 holes with .34" tolson gun. Complete 1/23/81.
3. Acidize with 1000 gals. 15% HCL Acid. 24 7/8" ball sealers. Knocked balls off.
4. Maximum treating pressure 3700#. Average treating pressure 1800#. Job complete 1/25/81.

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

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

SIGNED [Signature] TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Exploration & Development
Superintendent

DATE 1/26/81

NMOCC