

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 ☐  
2. NAME OF OPERATOR  
Supron Energy Corp. % John H. Hill, et al  
3. ADDRESS OF OPERATOR Suite 020, Kysar Building  
300 W. Arrington, Farmington, New Mexico 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 ~~W~~ 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

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 9-336.)

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 first stage in the Dakota as follows: 7382, 84, 92 - 7410, 12, 14, 22, 24, 26, 28, 32. Total 12 holes with .34" Tolson Gun.
3. Acidized with 1000 gallons 15% HCL. Dropped 24 Ball Sealers.
4. Maximum Treating Pressure 3700#, Average Treating Pressure 1800#. Job complete 11:03 A.M., 1/24/81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ferman D. Wallis TITLE Exploration/Development Superintendent DATE February 5, 1981

**ACCEPTED FOR RECORD**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

BY BW FARMINGTON DISTRICT

NMOCC