Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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 Corporation, % 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 17 below.)
AT SURFACE: 1500'FSL & 1780' FEL (NW SE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF-078433

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Newsom

9. WELL NO.
23

10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 20 T26N R8W

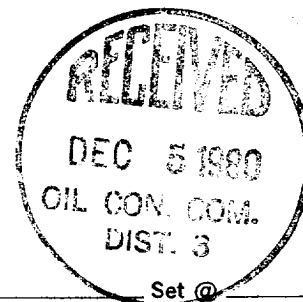12. COUNTY OR PARISH   13. STATE
San Juan   New Mexico

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6362' Gr

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	☐	
FRACTURE TREAT	☐	☐	
SHOOT OR ACIDIZE	☐	☐	
REPAIR WELL	☐	☐	
PULL OR ALTER CASING	☐	☐	
MULTIPLE COMPLETE	☐	☐	
CHANGE ZONES	☐	☐	
ABANDON*	☐	☐	

(other) Correction on Completion Report.

(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.)*

To correct #26 on Well Completion Report: Ran Gamma Ray logs only. No other logs were run.

RECEIVED
DEC 5 1980
OIL CON. COM.
DIST. 3

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

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

SIGNED _____ TITLE Exploration & Development Superintendent   DATE November 20, 1980

ACCEPTED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____ 1980
CONDITIONS OF APPROVAL, IF ANY:

BY _____ 1

NMOCC

*See Instructions on Reverse Side