

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 Corp. c/o John H. Hill, et al.

3. ADDRESS OF OPERATOR Kysar Building, Suite 020
300 W. Arrington, Farmington, New Mexico 87401

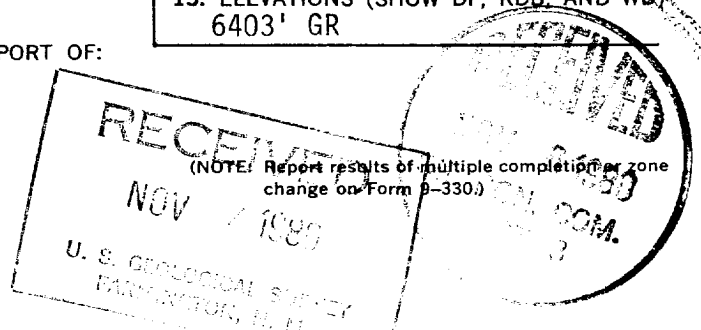
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1715' FSL & 1115' FWL (NW SW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 - 078432
6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
7. UNIT AGREEMENT NAME N/A
8. FARM OR LEASE NAME Hodges
9. WELL NO. #16
10. FIELD OR WILDCAT NAME Ballard Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21 T26N R8W
12. COUNTY OR PARISH San Juan
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6403' GR



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 Pictured Cliffs, 2151, 53, 57, 59, 70, 72, 74, 78, 2202, 04, 09, 11, 13, 15, 22, 24, 32, 34, 36. Total 19 holes.
3. Acidize with 250 gallons, 15% HCL Spearhead acid.
4. 70 Quality Foam Frac. 1# sand for 36 barrels and 2# sand for 142 barrels.
5. Frac with 35,000# 10/20 sand, 6000 gallons 2% KCL water and 234,000cu.ft. Nitrogen. Job complete 1:00 P.M., 7/2/80.
6. Maximum Treating Pressure 2300#, 15 minute Shut-In Pressure 1700#.

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

18. I hereby certify that the foregoing is true and correct
Exploration and Development
SIGNED Herman A. Wallis TITLE Superintendent DATE _____

OCT 29 1980

(This space for Federal or State office use)

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

BW

11/000