

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.)

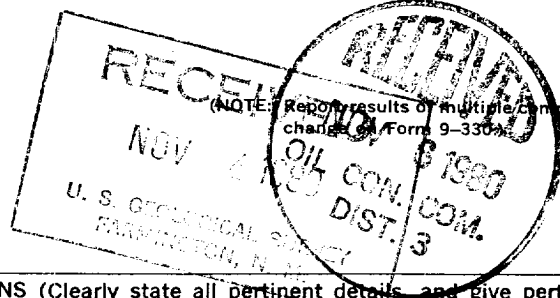
1. oil ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
Supron Energy Corp. c/o John H. Hill, et al.
3. ADDRESS OF OPERATOR Kysar Building, Suite 020
300 W. Arrington, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1770' FNL & 860' FWL (SW NW)
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) ☐

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.
1-Y
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)
6397' 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 2167, 69, 75, 77, 79, 81, 83, 2222, 24, 31, 33, 35, 37, 39. Total 14 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 1% KCL water and 234,000cu.ft. Nitrogen. Job complete 10:00 A.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
SIGNED Herma W. Walker TITLE Exploration and Development Superintendent DATE _____

JCT 29 1980

(This space for Federal or State office use)

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

NMOCC

BW