Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF - 078432
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	N/A
1. oil gas gr	8. FARM OR LEASE NAME Hodges
well gas KX other	9. WELL NO.
2. NAME OF OPERATOR	#17
Supron Energy Corp. c/o John H. Hill, et al.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Kysar Building, Suite 020	Ballard Pictured Cliffs
300 W. Arrington, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	<u>Sec. 21 T26N R8W</u>
AT SURFACE: 1420' FSL & 1030' FEL (NE SE) AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 5151/47000
Name of the state	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6521' GR
TEST WATER SHUT-OFF	In ATT TO
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	TO ALL SOURCES AND A STATE OF THE STATE OF T
CHANGE ZONES U. S. GEOLOG	Change on Form 9-330.) COLUMN N. N. N. O.
ABANDON* (other)	The Control of the Co
	OIL CON. COM.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give substrace locations and
the second and the second are second and second political	it to this workly
1. Total depth 6¼" hole, drilled-2400'.	
2. Ran 89 joints (2383') of Used 2 7/8", 6.5# [FUE casing
3. Set and cemented at 2383'.	Lot casting.
4. Cemented with 400 sacks Ideal Class B, 50/50	Pozmiy 6% gel bou/ft Poplito
lalied in with 150 sacks, Ideal Class B ceme	ent.
5. Bump Omega Latch-down type plug with 3000 ps	SI, 12:50 A.M., 7/19/80. Circulated
20 bbls. cement.	, = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED LES MAN I Willes TITLE Superintendent	Development OFT 5 1981
Signed the Land L. Comment with a suber intendent	DATE STILL TOO
(This space for Federal or State off	
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE
CONTROL OF AFRICANT.	

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4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1420' FSL & 1030 FEL (NE SE) AT TOP PROD. INTERVAL:	Sec. 21 T26N R8W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
(other)	DIST. 3
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and the pertinent ates, 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.)* Logged well, ran Gamma Ray and Neutron logs. Perforated Pictured Cliffs 2262, 63, 64, 65, 66, 67, 68, 82, 84, 86, 88. 94, 96, 98. Total 14 holes. Acidize with 250 gallons 15% HCL Spearhead acid. 70 quality Foam Frac, 1# sand for 38 barrels and 2# for 144 barrels. Frac with 35,000# 10/20 sand, 8156 gallons 1% KCL water and 238,500 cu.ft. Nitrogen. Maximum pressure 2400#, 15 minute shut-in pressure 1450#. Job complete 10:00 A.M., 8/14/80. 	
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct Exploration and Design Superintendents Exploration and Design Superintendents Exploration and Design Superintendents	evelopment OCT 3 0 1980
(This space for Federal or State of	ffice use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE