

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 Gordon L. Llewellyn

3. ADDRESS OF OPERATOR Suite 140, Campbell Center  
8350 N. Central Expwy, Dallas, Texas 75206

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 960' FNL & 555 FNL (NW 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:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
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(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.)\*

1. Spudded 10 3/4" hole to 220' @ 5:00 P.M. 9/14/80.
2. Ran 5 joints (187.3') of 7", 26#, K-55, ST&C casing.
3. Set and cemented 187.3'.
4. Cemented w/125 sacks Class B, Calcium Chloride.
5. Plug down 2:45 P.M. 9/15/80.
6. Circulation good, 10 bbls. circulated.
7. Checked water shut-off @ 600# with 10", 900 series Gardner-Denver Blow out Preventer.



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

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

SIGNED Herman P. Wallin TITLE Superintendent DATE OCT 9 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL: \_\_\_\_\_

BY BW FARMINGTON DISTRICT

\*See Instructions on Reverse Side