UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF-078430
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME N/A
(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.)	8. FARM OR LEASE NAME
1 611 700 1/	Nickson
1. oil gas 🕅 other	9. WELL NO.
2. NAME OF OPERATOR	#19
Supron Energy Corporation, % John H. Hill	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Kysar Building, Suite 020	Ballard Pictured Cliffs
300 W. Arrington, Farmington, N. M. 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 960' FNL & 555' FWL (NW NW)	Sec. 14 T26N R8W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7059' Gr
TEST WATER SHUT-OFF	
FRACTURE TREAT	
FRACTURE TREAT \(\bigcirc \)	
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	change on Form 3-330./
CHANGE ZONES	
ABANDON*	
(other)	
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.)*	
 Logged well, ran gamma ray and neutron logged 	nge .
2. Perforated Pictured Cliffs 2922, 24, 28, 30, 32, 34, 44, 46, 48, 50, 54,	
56, 68, 72 with .34 ceramic strip gun. 14 holes.	
3. 70 quality foam frac, 1# sand for 36 barrels, 2# sand for 142 barrels.	
4. Frac with 31,500# of 10/20 sand, 5951 gallons 1% KCL water and 292,500	
cubic feet of nitrogen.	
Maximum treating pressure 2800#, 5 minute	e shut in pressure 1400#. Job
complete 11/7/80.	0.00
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true and correct Exploration & Development	
SIGNED TITLE Superintendent DATE November 18, 1980	
(This space for Federal or State office use)	
APPROVED BY TITLE DATE	
CONDITIONS OF APPROVAL, IF ANY:	,