

**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. % John H. Hill, et al

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1780' FNL & 990' FEL (SE NE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF - 078430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Nickson

9. WELL NO.
9-E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14 T26N R8W

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6312' GR

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

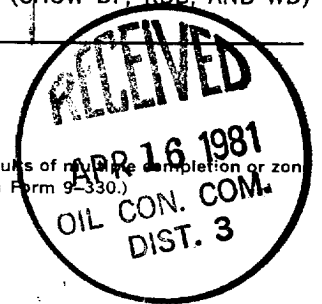
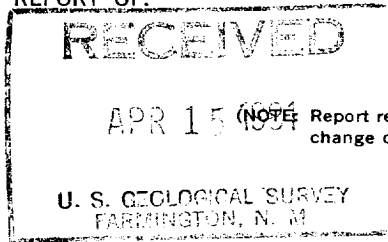
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:



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 Correlation and CCL logs.
2. Perforated Dakota formation as follows: 6638, 40, 42, 50, 68, 70, 88, 90, 92, 94 - 6732, 40, 42, 50, 52, 58, 60, 62, 66, 76, 78, 84 & 88. Total 23 holes with .34" Tolson Gun.
3. Acidized with 1500 gallons 15% HCL acid. Dropped 46- 7/8" Ball Sealers, good ball action.
4. Maximum Treating Pressure 4200 PSI, Minimum Treating Pressure 3200 PSI, Average Treating Pressure 3400 PSI, ISDP 1900 PSI, Final Shut-In Pressure 1800 PSI in 3 minutes. Job completed 10:09 P.M., 4/9/81.

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

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

SIGNED *Arman V. Wallis* TITLE Exploration/Development Superintendent DATE April 13 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

ACCEPTED FOR RECORD

APR 15 1981