

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 ☐

2. NAME OF OPERATOR

Supron Energy Corp. % 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: 1850' FSL & 790' FWL (NW SW)

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE

SF - 078384

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Newsom "B"

9. WELL NO.
20

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5 T26N R8W

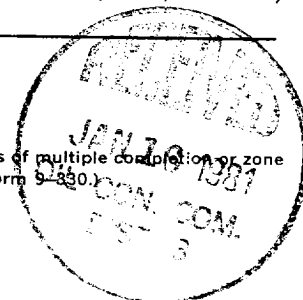
12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6194' GR

(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. Logged well, ran Gamma Ray and Neutron logs.
2. Perforated Mesa Verde: 4313, 16, 20, 28, 32, 34, 40, 44, 51, 60, 62, 66, 74, 80, 82, 94, 97. Total 17 shots with .34" Tolson Gun.
3. Acidize with 1000 gallons 7.5% HCL. Dropped 34 Ball Sealers, balled off completely.
4. Maximum Treating Pressure 4400#, Average Treating Pressure 1800#, Final Shut-In Pressure 900# in 5 minutes. Job complete at 5:43 P.M., 1/9/81.

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

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

SIGNED Fernando Wallis TITLE Exploration/Development Superintendent DATE January 13, 1981

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

BY SH FARMINGTON DISTRICT

*See Instructions on Reverse Side