

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: 1800' FNL & 1850' FEL (SW NE)

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 - 078430

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

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Newsom "A"

9. WELL NO.
6-E

10. FIELD OR WILDCAT NAME
Basin Dakota

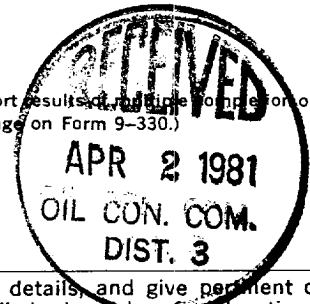
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15 T26N R8W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7052' 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 Correlation & CCL logs.
2. Perforated the Pictured Cliffs formation as follows: 2904, 08, 10, 12, 14, 16, 20, 26, 28 & 30. Total 10 holes with .34" Tolson Gun.
3. Acidized with 2515 gallons 15% HCL acid. Dropped 20 Ball Sealers, no ball action.
4. Maximum Treating Pressure 3200 PSI, Minimum Treating Pressure 1000 PSI, Average Treating Pressure 1800 PSI, ISDP 400 PSI, Final Shut-In Pressure 350 PSI in 15 minutes. Job complete 10:40 A.M., 3/23/81.

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

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

SIGNED Fernando A. Wallis TITLE Exploration/Development Superintendent DATE March 24, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

NMOCC

APR 01 1981