

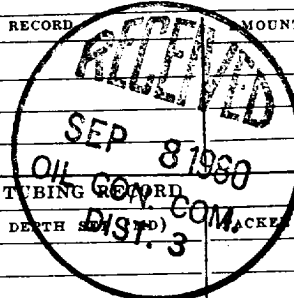
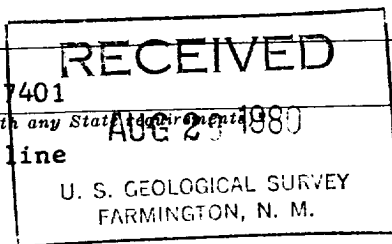
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR Supron Energy Corporation							
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 790 Ft./North; 1800 Ft./East line At top prod. interval reported below Same as above At total depth Same as above							
14. PERMIT NO.				DATE ISSUED AUG 28 1980			
15. DATE SPUDDED 1-1-80				16. DATE T.D. REACHED 1-4-80		17. DATE COMPL. (Ready to prod.) - - -	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5792 R.K.B.		19. ELEV. CASINGHEAD 5780		20. TOTAL DEPTH, MD & TVD 1792 MD & TVD			
21. PLUG, BACK T.D., MD & TVD 1781 MD & TVD		22. IF MULTIPLE COMPL., HOW MANY* - - -		23. INTERVALS DRILLED BY →		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1614 - 1672 Fruitland MD & TVD	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric and Compensated Density		27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.		Depth Set (MD)		Hole Size	
7-5/8"		26.40		213		9-7/8"	
2-7/8"		6.50		1791		6-3/4"	
29. LINER RECORD		30. TUBING RECORD		31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Size		Top (MD)		Bottom (MD)		Sacks Cement*	
Screen (MD)		Size		Depth Set (MD)		Sacks Set (MD)	
1614 - 1672		Foam-frac with 18,000 lb. of 20-40 sand		Total of 13 holes.		1614 - 1672	
33.*		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)		35. LIST OF ATTACHMENTS No Test - Will Plug and Abandon.		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)		TEST WITNESSED BY	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.		OIL GRAVITY-API (CORR.)		GAS—MCF.	
WATER—BBL.		OIL GRAVITY-API (CORR.)		GAS—MCF.		WATER—BBL.	



ACCEPTED FOR RECORD

SIGNED Kenneth E. Roddy
Kenneth E. RoddyTITLE Production SuperintendentDATE August 28, 1980
SEP 5 1980

*(See Instructions and Spaces for Additional Data on Reverse Side)

FARMINGTON DISTRICT

BY 1

NMCCG

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:				38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES						
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo (Base)	870	
				Fruitland	1610	