

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 CORPORATION
3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1105'/S line & 790'/W line.
AT TOP PROD. INTERVAL: Same as above.
AT TOTAL DEPTH: Same as above.

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>Paint and Re-seed</u>			

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.)*

Location was re-seeded according to special stipulations with B.L.M. seed mix No. 2 on July 1, 1980.

Equipment was painted brown, Federal standard 595a-30318 paint.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
SF 047039 C
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
ANGEL PEAK
9. WELL NO.
22
10. FIELD OR WILDCAT NAME
Bloomfield Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T-28N, R-10W, N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-24158
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5764 KDB

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Rudy D. Motte TITLE Area Superintendent DATE September 24, 1980

Rudy D. Motte

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 29 1980

NMOCC

FARMINGTON DISTRICT

BY h