

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: 1540'/S line & 1690'/W line.
AT TOP PROD. INTERVAL: Same as above.
AT TOTAL DEPTH: Same as above.

5. LEASE
SF 047019 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SUMMIT

9. WELL NO.
8

10. FIELD OR WILDCAT NAME
Aztec Fruitland Extention

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-29N, R-11W, N.M.P.M.

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

14. API NO.
30-045-23734

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5654 KDB

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

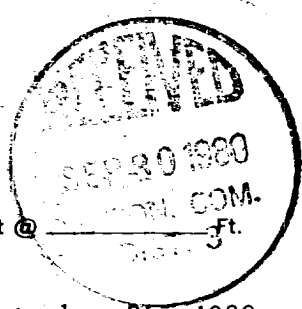
REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
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>			

(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.)*

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.



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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FOR RECORD

SEP 29 1980

111000

DISTRICT