

SUNDRY NOTICES AND REPORTS ON WELLS

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: 1760 Ft./S; 1080 Ft./E 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

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RECEIVED
FEB 20 1981

FEB 20 1964
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone changes 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.)*

This well was originally approved as a single Dakota well. We desire to dually complete the well as a Dakota - Chacra dual completion after finding the Chacra zone during logging. We desire to complete as follows: Perforate the Dakota zone and fracture to stimulate production. Set a bridge plug above the Dakota zone. Perforate and fracture the Chacra zone to stimulate production. Clean the Chacra zone up. Pull the bridge plug. Clean the Dakota zone up. Run tubing with a production packer and set above the Dakota zone with a sliding sleeve above the packer. Set packer. Nipple down the wellhead. Test packer for leakage. Test Dakota zone. Test Chacra zone and connect to a gathering system.

Gas from both formations have previously been dedicated to a transporter.

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

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

SIGNED Rudy D. Motto TITLE Area Supt. DATE February 20, 1981

(This space for Federal or State office use)

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

***See Instructions on Reverse Side**

NMCCG

5. LEASE
N.M. 0702

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Reid "B"

9. WELL NO.
1-E

10. FIELD OR WILDCAT NAME *Undis*
Basin Dakota - ~~Wildcat~~ Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-29N, R-10W, N.M.P.M.

12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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14. ARI NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5628 KDB

All distances must be from the outer boundaries of the Section.

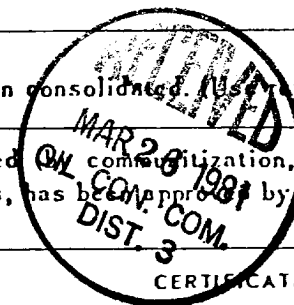
Operator SUPRON ENERGY CORPORATION			Lease REID "B"		Well No. 1E
Unit Letter I	Section 31	Township 29 NORTH	Range 10 WEST	County SAN JUAN	
Actual Footage Location of Well: 1760 feet from the SOUTH line and 1080 feet from the EAST line					
Ground Level Elev. 5617	Producing Formation CHACRA <i>Dakota</i>		Pool WILDCAT <i>Under</i> Basin	Dedicated Acreage SE/4 160 St 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Ludy A. Mott
Name

Area Superintendent

Position

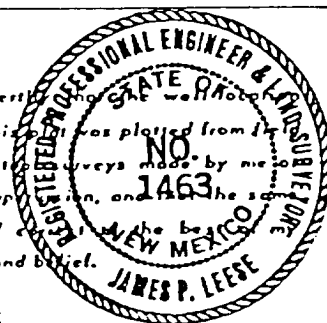
Supron Energy Corporation

Company

March 7, 1980

Date

I hereby certify that the information shown on this plat was plotted from the notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed

February 19, 1980

Registered Professional Engineer
and/or Land Surveyor

James P. Leese
James P. Leese

Certificate No.

1463

