## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Form Approved.
	Budget Bureau No. 42-R1424
5.	LEASE
	NM 020982
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME
	Witt
9.	WELL NO.
	1-E
10.	FIELD OR WILDCAT NAME
	Rasin Dakota

GEOLOGIOAL SORVET	
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1 all man	Witt
1. oil gas 🗓 other	9. WELL NO.
2. NAME OF OPERATOR	1-E
Supron Energy Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 808, Farmington, N.M. 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 33, T29N, R11W, N.M.P.M.
AT SURFACE: 1075 ft/South line; 1075 ft/East line	e12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as above	San Juan New Mexico
AT TOTAL DEPTH: Same as above	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5671 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	en e
FRACTURE TREAT	•
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	1
(other) Change setting depth of surface casing	
TO THE TRANSPORTE OF COMPLETED OPERATIONS (Clearly state	a all portinent details and give pertinent dates

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.)\*

The proposed casing program submitted on 4-28-79 should show the setting depth to be 250 feet for the 8-5/8" casing instead of 750 feet.



Subsurface Safety Valve: Manu. and Typ	e	Set @	Ft.
18. I hereby certary that the joregoing is	true and correct		
SIGNED KINDY D. MOTTO	TITLE Area Superintenden	TATE June 4, 1980	
Nady D. Mary	(This space for Federal or State office use)		
APPROVED BY	TITLE	ADDDAL	

al Zal

\*See Instructions on Reverse Side

APPRUVED

DISTRICT OIL & GAS SUPERVISOR

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

	€Budget Bureau No. 42–R1424
	5. LEASE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
S	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Witt
	Witt (2007 \$ 30)  9. WELL NO. (2007 \$ 20)  1-E (2007 \$ 20)
	10. FIELD OR WILDCAT NAME Basin Dakota
e 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-29N, R-11W
	N.M.P.M.
	12. COUNTY OR PARISH 13. STATE  San Juan New Mexico
ICE,	14. API NO.
<b>,</b>	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5540 GR
·: '	5540 GR

**GEOLOGICAL SURVEY** SUNDRY NOTICES AND REPORTS ON WELL (Do not use this form for proposals to drill or to deepen or plug back to a difference. Use Form 9–331–C for such proposals.) gas well XX well other 2. NAME OF OPERATOR Supron Energy Corporation 3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1075'/South; 1075'/East line below.) AT SURFACE: Same as above AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same as above 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT REPORT, OR OTHER DATA SUBSEQUENT REPORT OF REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other) To Correct Elevation 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 localities and measured and true vertical depths for all markers and zones pertinent to this work.)\* To correct the elevation from 5671 GR. to 5540 feet GR. Subsurface Safety Valve: Manu. and Type \_\_\_ 18. I hereby certify that the foregoing is true and correct DATE July 14, 1980 TITLE Area Supt. (This space for Federal or State office use) DATE . \_ TITLE \_ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



