

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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: **1075'/S; 1075'/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:      SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☒

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON\* ☐ ☐

(other) ☐ ☐

5. LEASE  
**N.M. 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  
**Basin Dakota**

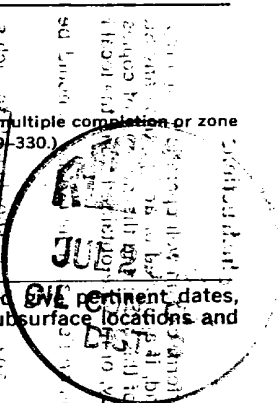
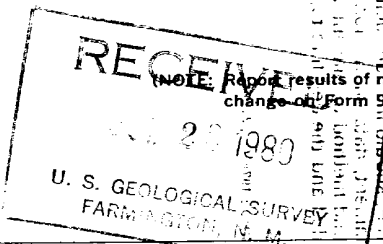
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
**Sec. 33, T-29N, R-11W, N.M.P.M.**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DEPTH, KDB, AND WD)  
**5540 GR.**



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.)\*

1. Spudded 12-1/4" hole at 8:00 P.M. 7/1/80.
2. Drilled 12-1/4" surface hole to total depth of 268 ft. **R.K.B.**
3. Ran 6 joints of 8-5/8", 24.00#, K-55 casing. Landed at 268 ft. **R.K.B.**
4. Cemented with 200 sacks of class "B" with 2% Calcium Chloride. Plug down at 3:00 A.M. 7/2/80. Cement circulated to surface.
5. Waited on cement for 12 hours.
6. Pressure - tested casing to 800 P.S.I. for 15 minutes. Held **O.K.**

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED Kenneth E. Reddy TITLE Production Supt. DATE July 21, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NMOCC

\*See Instructions on Reverse Side

ACCEPTED FOR FILE

JUL 23 1980

FARMINGTON DISTRICT

BY

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR  
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR  
P. O. BOX 898, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1075 ft./S; 1075 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

U.S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

Ran 4-1/2" Casing

(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.)\*

1. Drilled 7-7/8" hole with mud to total depth of 6450 ft. R.K.B.  
Total depth was reached on 7/10/80.
2. Ran 151 joints of 4-1/2", 10.50#, K-55 casing. Landed at 6441 ft. R.K.B.  
Float collar at 6396 ft. R.K.B.
3. Cemented first stage with 280 sacks of 50-50 Pozmix with 2% gel and 10% salt.  
Cemented second stage with 300 sacks of 50-50 pozmix with 4% gel and 50 sacks of class "B". Cemented third stage with 450 sacks of Howco Lite with 6% gel and 12-1/2# of gilsonite per sack and 150 sacks of class "B" with 2% Calcium Chloride. Plug down at 9:05 A.M. 7/12/80.
4. Ran temperature survey. Cement top indicated at 200 ft.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE July 21, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

BY \_\_\_\_\_

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: 1075 Ft./S; 1075 Ft./E line

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above

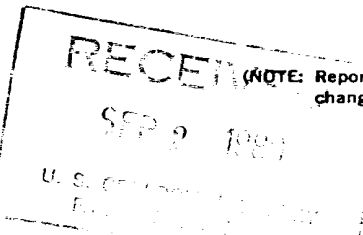
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐



(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.)\*

We request permission for changes in the original APD.

The Application to Drill was filed and approved as a single Dakota completion. After the logs were run, it was determined that the Chacra zone was productive. We request permission to perforate and frac the Chacra zone. A packer will be run to separate the Dakota and Chacra zones. A string of tubing will be run to the Dakota. The Chacra will be produced through the annulus.

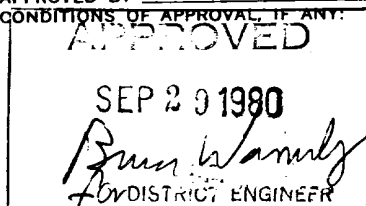
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Kenneth E. Roddy TITLE Production Supt. DATE September 26, 1980

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:



TITLE \_\_\_\_\_ DATE \_\_\_\_\_

*ok*

\*See Instructions on Reverse Side

NMOCCL

P-33-29N-12W

RECEIVED  
SEP 25 1980  
OIL CON. COM.  
DIST. 3

THIS IS TO CERTIFY that to the best of my knowledge the above  
tabulation details the deviation tests taken on AMOCO PRODUCTION  
COMPANY'S

THE STATE OF NEW MEXICO) )  
COUNTY OF SAN JUAN ) SS.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County and State this 22nd day of September, 1980.

My Commission Expires: December 28, 1983

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <b>SUPRON ENERGY CORPORATION</b>	
Address <b>P.O. Box 808, Farmington, New Mexico 87401</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Witt</b>	Well No. <b>1-E</b>	Pool Name, including Formation <b>Bloomfield Chacra</b>	Kind of Lease State, Federal or Fee <b>Fed. NM</b>	Lease No. <b>020982</b>
Location Unit Letter <b>P</b> ; <b>1075</b> Feet From The <b>South</b> Line and <b>1075</b> Feet From The <b>East</b> Line of Section <b>33</b> Township <b>29 North</b> Range <b>11 West</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Southern Union Gathering Company</b>	<b>First International Building - Dallas, Texas</b> <b>Attention: Mr. R.J. McCrary</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>No</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>7-1-80</b>	Date Compl. Ready to Prod. <b>10-14-80</b>	Total Depth <b>6450</b>	P.B.T.D. <b>6396</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>5551 R.K.B.</b>	Name of Producing Formation <b>Chacra</b>	Top Oil/Gas Pay <b>2629</b>	Tubing Depth <b>None</b>					
Perforations <b>2629 - 2639</b>	Depth Casing Shoe <b>6441</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8", 24.00#</b>	<b>268</b>	<b>200</b>					
<b>7-7/8"</b>	<b>4-1/2", 10.50#</b>	<b>6441</b>	<b>1230 ( 3 stages)</b>					
	<b>No tubing</b>							

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gravity of Condensate

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>2251</b>	<b>3 hours</b>	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.) <b>Back pressure</b>	Tubing Pressure (Shut-in)	<b>840</b>	<b>3/4"</b>

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Kenneth E. Roddy**

(Signature)

**Production Superintendent**

(Title)

**October 14, 1980**

(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 1 1980**

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR  
**SUPRON ENERGY CORPORATION**  
Address  
**P.O. Box 808, Farmington, New Mexico 87401**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Witt</b>	Well No. <b>1-E</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Fed. NM</b>	Lease No. <b>020982</b>
Location Unit Letter <b>P</b> ; <b>1075</b> Feet From The <b>South</b> Line and <b>1075</b> Feet From The <b>East</b> Line of Section <b>33</b> Township <b>29 North</b> Range <b>11 West</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Plateau, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 108, Farmington, New Mexico 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gathering Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>First International Building - Dallas, Texas</b> <b>Attention: Mr. R.J. McCrary</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>29</b>
	Twp. <b>33N</b>	Rge. <b>11W</b>
	Is gas actually connected? <b>No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded <b>7-1-80</b>	Date Compl. Ready to Prod. <b>10-14-80</b>		Total Depth <b>6450</b>		P.B.T.D. <b>6396</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>5551 R.K.B.</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>6105</b>		Tubing Depth <b>6040</b>			
Perforations <b>6105 - 6262</b>					Depth Casing Shoe <b>6441</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8", 24.00#</b>	<b>268</b>	<b>200</b>
<b>7-7/8"</b>	<b>4-1/2", 10.50#</b>	<b>6441</b>	<b>1230 (3 stages)</b>
	<b>2-3/8", EUE, 4.70#</b>	<b>6040</b>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>761</b>	<b>3 hours</b>		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>Back Pressure</b>	<b>860</b>		<b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**Kenneth E. Roddy**

(Signature)

**Production Superintendent**

(Title)

**October 14, 1980**

(Date)

OIL CONSERVATION DIVISION

**OCT 21 1980**

APPROVED \_\_\_\_\_, 19

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.