UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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. oil gas other	Pierce "A" 9. WELL NO.
2. NAME OF OPERATOR	2-E
Supron Energy Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Wildcat Gallup
P.O. Box 808, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 34, T-29N, R-10W, N.M.P.M.
AT SURFACE: 1830 Ft./N; 860 Ft./W line	12. 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) 5656 KDB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	SUSU REE
REPAIR WELL JUN , PULL OR ALTER CASING U. S. GEOLO U. S. GEOLO	EIVED 2 3 (NOTE: Report results of multiple computation of 201 e 198 OIL CON. CON. DIST. 3

5. LEASE

SF 080724 A

We desire to build a pipeline from the Production Separator to Gas Company of New Mexico's Gathering system due to their refusing to connect this well. This line will be entirely within the lands covered by Lease No. SF 080724 A. (See attached survey plat and ditch cross section.) This pipeline will be 2" - 0.154" wall Grade "B" pipe w/coal tar enamel coating and Kraft paper outer wrap. The welded joints will be primed, and double wrapped with polyken tape after being welded by 3 pass electric weld, after being welded and wrapped and lowered in the ditch, the pipe will be hydrostatically tested to 800 PSIG for 24 hours. The ditch will be backfilled after the pipe is tested, water bars installed and reseeded to B.L.M. specifications. All above ground equipment will be painted to B.L.M. specifications.

B.L.M. specifications.			
Subsurface Safety Valve: Manu. and Typ		Set @	Ft.
18. I hereby certify that the foregoing is	true and correct		
SIGNED Rudy D. Motto	TITLE Area Supt.	DATE	
	(This space for Federal or State office	use)	
APPROVED BY	TITLE	PPROVED)

, L 7

NMOCC
*See Instructions on Reverse Side

