

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☒ gas ☐ 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: 1830 ft./North ; 860 ft./West line
 AT TOP PROD. INTERVAL: Same as above
 AT TOTAL DEPTH: Same as above

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CAS

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON
(15-5) 37

(b)(1) After plan to build pipeline

SUBSEQUENT REPORT OF:

RECEIVED

SEP 10 1954

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

(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.)*

A Sundry Notice has been submitted and approved to build a pipeline by the operator to connect and produce this well due to a pipeline company refusing to connect the well. We desire to alter this plan to allow a welded 2" line to be installed on the surface of the ground for a period of one (1) year in order to produce and test this well without flaring the gas. At the end of one year a permanent pipeline will be installed underground. Any lease roads which we cross with this above ground pipeline will have a minimum of 12 inches of cover over the line.

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

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

SIGNED L. J. [Signature] TITLE Area Superintendent DATE September 14, 1981

Rudy D. Natto  This space for Federal or State office use

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY: 1991

TITLE _____ DATE _____

J.F.S. JAMES F. SIMS
DISTRICT ENGINEER

• **SEE Instructions on Reverse Side**

NMOCC