(other) Pipeline Installation

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

UNITED STAT DEPARTMENT OF TH GEOLOGICAL SU

Dec. 1973	Budget Bureau No. 42-R1424		
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080724 A		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(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.)	8. FARM OR LEASE NAME		
	Pierce "A"		
1. oil X gas	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	AREA Sec. 34, T-29N, R-10W, N.M.P.M.		
below.) 1830!/North: 860!/West line	12. COUNTY OR PARISH 13. STATE		
AT SURFACE: 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,	14.70.700		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5656 KDB		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
FRACTURE TREAT	(NOTE: Report results of multiple completed of the complete completed of the complete complet		
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completed of cone		
REPAIR WELL	(NOTE: Report results of multiple completed of the 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.)*

This pipeline has been installed and pressure tested to 1000 PSIG as specified in our previous Sundry Notice. The well has been connected and is producing into a gathering system.

Subsurface Safety Valve: Manu. and Ty	pe		Set @ Ft.
18. I hereby certify that the foregoing is	s true and correct	DATE _	October 15, 1981
Rudy D. Motto	(This space for Federal or State office u		ACCEPTED FOR RECORD
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	OCT 20 1981
•	*See Instructions on Reverse Side		By . FARMMOTON DISTRICT