

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: 830' f/South & 830' f/East lines  
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

RECEIVED  
FEB 20 1981

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

(NOTE: Report results of multiple completion or zone change on Form 9-339.)

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 well was originally approved as a single Dakota well. We desire to dually complete the well as a Dakota Chacra dual completion after finding the Chacra zone during logging. We desire to complete as follows: Perforate the Dakota zone and fracture to stimulate production. Set a bridge plug above the Dakota zone. Perforate and fracture the Chacra zone to stimulate production. Clean the Chacra zone up. Pull the bridge plug. Clean the Dakota zone up. Run tubing with a production packer and set above the Dakota zone with a sliding sleeve above the packer. Set packer. Nipple down the wellhead. Test packer for leakage. Test Dakota zone. Test Chacra zone and connect to a gathering system.

Gas from both formations have previously been dedicated to a transporter.

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

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

SIGNED Rudy D. Motto TITLE Area Superintendent DATE February 20, 1981

(This space for Federal or State office use)

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

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

111900

\*See Instructions on Reverse Side

APPROVED  
MAR 24 1981  
Erod 834  
for DISTRICT ENGINEER