UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| 5. LEASE | _ |
|--------------------------------------|---|
| SF 080724 A | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |

| 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 |
| | Zachry |
| 1. oil gas X other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 15-E |
| Supron Energy Corporation | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Basin Dakota |
| 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. 33, T-29N, R-10W, N.M.P.M. |
| below.) | 12. COUNTY OR PARISH 13. STATE |
| AT SURFACE: 940 Ft./N; 1605 Ft./W line 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) |
| | 5621 GR |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9–330.) |
| MULTIPLE COMPLETE | |
| CHANGE ZONES | |
| (other) Correct Casing Size and Weight | 1 |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly star- including estimated date of starting any proposed work. If well is of measured and true vertical depths for all markers and zones pertine | nt to this work.)* |
| Our approved application shows a casing size of | 5-1/2", 15.50# set at 6600 ft. |
| We wish to change the casing to 4-1/2", 10.50# to | o be set at the same depth. |
| This casing will be cemented in 3 stages as orig | inally approved with the 3rd stag |
| covering the Ojo Alamo zone. | A Company of the Comp |
| | |
| All casing will be new. | |
| | |
| | |
| | 4 50 V 361 |
| | DIST COM |
| Subsurface Safety Valve: Manu. and Type | S&@ |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED TITLE Area Supt. | DATE December 30, 1980 |
| (This space for Federal or State of | office use) |
| VDDBU/LD **** | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | - |
| _ JAN 0.7 1981 | |

DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side