Form 9–331	
Dec 1973 UNITED STATES	5. LEASE
ONTED OF THE INTERIOR	SF 080724 A
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
depends to drill of to deepen of plant	8. FARM OR LEASE NAME
(Do not use this form for proposals to difference this form 9–331–C for such proposals.)	Zachry
1. oil gas other	9. WELL NO.
well well	15-E
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Supron Energy Corporation	Wildcat Gallup - Basin Dakqta
3. ADDRESS OF OPERATOR 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	Sec. 33, T-29N, R-10W, N.M.P.M.
4. LOCATION OF WELL (REPORT ECCATION SEE	Sec. 33, 122/H, 12 STATE
below.) 940'/N; 1650'/W line	12 COUNTY OR PARISH 13. STATE New Mexico
AT SURFACE. Same as above	Sail Judii
AT TOTAL DEPTH: Same as above	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	DE KDR AND WD)
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER	5621 GR
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPAIR TO: SUBSEQUENT REPAIR TO:	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES	1.84C1 /
SHOOT OR ACIDIZE	NOTE: Report results of multiple completion of Zuite
PULL OR ALTER CASING	Enange days of the South
MULTIPLE COMPLETE	
CHANGE ZONES	
(other) Change Equipment Layout	and give pertinent dates,
(other) Change Squesto OR COMPLETED OPERATIONS (Clearly sta	ate all pertinent details, and give pertinent details, and give subsurface locations and

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.)*

It is necessary to change the equipment layout due to the need of additional tanks and separator.

Enclosed are corrected layout forms.



		Set @ Ft.
Subsurface Safety Valve: Manu. and Typ	e	
Subsurface Safety Valve: Mailu. and Type 18. I hereby certify that the foregoing is SIGNED Rudy D. Motto	true and correct Area Supt. D	ATE June 17, 1981
Rudy D. Motto		
	TITLE	APPROVED
CONDITIONS OF APPROVAL, IF ANY:	200	,

NMOCC

*See Instructions on Reverse Side

JAMES F. SIMS DISTRICT OIL & GAS SUPERVISOR