

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 ☐ gas ☐ other *Dual gas & oil well*

2. NAME OF OPERATOR
SUPRON ENERGY CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

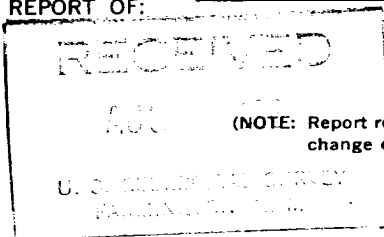
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *940 ft./N ; 1650 ft./W line*
AT TOP PROD. INTERVAL: *Same as above*
AT TOTAL DEPTH: *Same as above*

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) *Paint and re-seed*

SUBSEQUENT REPORT OF:

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(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.)*

All above ground equipment has been painted brown, federal standard 595a-30318 color and re-seeded to B.L.M. recommended seed mix No. 2.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

Rudy D. Motto

TITLE *Area Supt.*

DATE *August 3, 1981*

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 13 1981

FARMINGTON DISTRICT

BY *KLB*

*See Instructions on Reverse Side

NMOCC