## UNITED STATES DEPARTMENT OF THE INTERIOR

|    | Budget Bureau No. 42-R1424  |  |
|----|---|--|
|    | 5. LEASE  |  |
|    | SF 080724-A   |  |
|    | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |  |
| _  | ,   |  |
|    | 7. UNIT AGREEMENT NAME  |  |
| t  |   |  |
|    | 8. FARM OR LEASE NAME   |  |
|    | Zachry  |  |
|    | 9. WELL NO.   |  |
|    | 23  |  |
|    | 10. FIELD OR WILDCAT NAME   |  |
|    | Bloomfield Chacra Extension   |  |
| 7  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 34, T-29N, R-10W, N.M.P.M. |  |
| ,  |   |  |
|    | 12. COUNTY OR PARISH 13. STATE  |  |
|    | San Juan New Mexico   |  |
|    | 14. API NO.   |  |
| Ξ, | 1   |  |
|    | 15. ELEVATIONS (SHOW DF, KDB, AND WD)   |  |
|    | 5718 R.K.B.   |  |

| 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 eservoir. Use Form 9–331–C for such proposals.)   | 8. FARM OR LEASE NAME   |
|  | Zachry  |
| 1. oil gas well other  | 9. WELL NO.   |
| 2. NAME OF OPERATOR  | 23  |
| SUPRON ENERGY CORPORATION  | 10. FIELD OR WILDCAT NAME   |
| 3. ADDRESS OF OPERATOR   | Bloomfield Chacra Extension   |
| P.O. Box 808, Farmington, New Mexico 87401   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA                            |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | Sec. 34, T-29N, R-10W, N.M.P.M.   |
| below.)  | 12. COUNTY OR PARISH 13. STATE  |
| AT SURFACE: 1120 ft./S; 1120 ft./W line  | San Juan New Mexico   |
| AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above   | 14. API NO.   |
| Suite 22   | 14. AFI NO.   |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                                       |
| REPORT, OR OTHER DATA  | 5718 R.K.B.   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   |   |
| TEST WATER SHUT-OFF CALCULATION CONTROL CONTRO |   |
| RACTURE TREAT  | V   |
| SHOOT OR ACIDIZE   | 1   |
| REPAIR WELL  | (NOTE: Report results of multiple completion or zone change on Form 9-330.) |
| PULL OR ALTER CASING   |   |
| MULTIPLE COMPLETE  | · · · · · · · · · · · · · · · · · · ·                                       |
| ABANDON*   |   |
| (other)  |   |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine  | nt to this work.)*  |
| <ol> <li>Spudded 9-7/8" surface hole at 4:30 p.m.</li> </ol>   | 12-21-80.   |
| 2. Drilled 9-7/8" surface hole to total dept   |   |
| 3. Ran 5 jts. of 7-5/8", 26.40#, K-55 casing   | & set @ 212 ft. R.K.N.  |
| 4. Cemented w/110 sx of class "B" w/3% calcium chloride & 1/2 lb. florele per sack. Plug down @ 2:30 a.m. 12-22-80. Cement circulated is surface.  |   |
| 5. Waited on cement for 12 hours.  | JAN 9 1901  |
| 6. Pressure-tested casing to 1000 PSI for 15   |   |
|  | DIST. 3   |
| Subsurface Safety Valve: Manu. and Type  | Set @ Ft  |
| A true and correct   |   |
| SIGNED Kenneth E. Roddy  TITLE Production S  Kenneth E. Roddy  (This page for Federal or State of  | Supt. DATE <u>December 23, 1980</u>   |
| / (This space for redefal of otolog  |   |
| APPROVED BY TITLE  | DATE  |
| CONDITIONS OF APPROVAL, IF ANY: ACCEPTED FUR REGURD  |   |

JAN 0 8 1981