

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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: *1575 ft./South; 1520 ft./West 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <i>Paint and re-seed</i>			

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 with B.L.M. recommended seed mix No. 2.*

5. LEASE  
*SF 047019 A*  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
*Summit*  
9. WELL NO.  
*11*  
10. FIELD OR WILDCAT NAME  
*Bloomfield Chacra Extension*  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 34, T-29N, R-11W, N.M.P.M.*  
12. COUNTY OR PARISH  
*San Juan*  
13. STATE  
*New Mexico*  
14. API NO.  
*Not assigned*  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*5646 KDB*

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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

SIGNED *Rudolph D. Motto* TITLE *Area Superintendent* 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

\*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT  
BY *RB*