

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 ☐ 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: *800 ft./South ; 1080 ft./East 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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☐
☐
☒

5. LEASE

SF 047020 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Calvin

9. WELL NO.

1-E

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26, T-29N, R-11W, N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

Not assigned

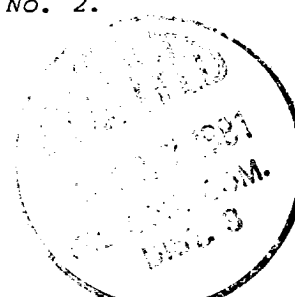
15. ELEVATIONS (SHOW DF, KDB, AND WD)

5645 KDB

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



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Rudy D. Motto* TITLE *Area Superintendent* DATE *August 10, 1981*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **ACCEPTED FOR RECORD**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY *RG*

AUG 14 1981