UNITED STATES DEPARTMENT OF THE INTERIOR

5.	LEASE
SF	047020 B
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
	UNIT ACREMENT NAME

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🔀 other	Congress
well well well other	9. WELL NO.
2. NAME OF OPERATOR	4-E
SUPRON ENERGY CORPORATION	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Bloomfield Chacra Ext.; Basin Dakota
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	·
below.) AT SURFACE: 1725 ft./N ; 1015 ft./W line	Sec. 35, T-29N, R-11W, N.M.P.M. 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as above	San Juan New Mexico
AT TOTAL DEPTH: Same as above	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	24.701100.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
,	5658 R.K.B.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF 🔲 🗵	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-360)
MULTIPLE COMPLETE	lan-
CHANGE ZONES	OIL CON STATE
ABANDON*	CIL CON. COM.
(other)	DIST COM.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
1. Spudded 12¼" surface hole at 5:00 p.m. 3	-3-81.
2. Drilled 12½" surface hole to total depth	
3. Ran 7 joints of 8-5/8", 24.00#, H-40 cas.	
4. Cemented with 215 sacks of class "B" with	
down at 11:15 p.m. 3-3-81. Cement circu	lated to surface.
5. Waited on cement for 12 hours.	
6. Pressure-tested casing to 1000 P.S.I. for	r 15 minutes. Held OK.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Kenneth E. Roddy TITLE Production S	upt. DATE <u>March 5, 1981</u>
(This space for Federal or State o	ffice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	DATE

MAR 1 0 1981

*See Instructions on Reverse Side

