

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: 1840'/North; 1520'/West line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH: Same as above

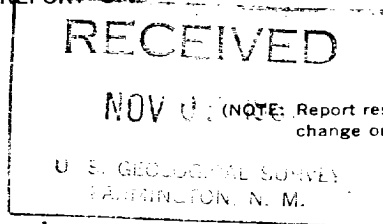
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

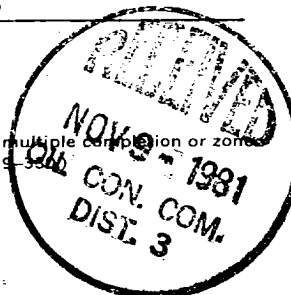
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐



5. LEASE
NM 020982
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Summit
9. WELL NO.
6-E
10. FIELD OR WILDCAT NAME
Aztec Fruitland Ext. - Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T-29N, R-11W, N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5557 Ft. KDB



(other) Squeeze Cement over the Fruitland zone

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.)*

We desire to perforate 2 squeeze holes at approximately 1550 ft. and squeeze 350 sx of class "B" cement w/2% CaCl behind the casing to cover the Fruitland zone up to approximately 1300 ft. as verbally approved by Mr. Elliot on November 2, 1981.

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 Supt. DATE November 3, 1981

(This space for Federal or State office use)
RAYMOND W. VINYARD

APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE ACTING DISTRICT SUPERVISOR DATE NOV 06 1981
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC