UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

| | Form Approved. Budget Bureau No. 42-R1424 |
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| | 5. LEASE |
| l | SF 047019 A |
| | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| nt | 7. UNIT AGREEMENT NAME |
| | 8. FARM OR LEASE NAME |
| | Summit |
| | 9. WELL NO. |
| | 10 |
| | 10. FIELD OR WILDCAT NAME |
| | Wildcat Chacra |
| <u>1</u> | 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 13. STATE |
| | San Juan New Mexico |
| | 14. API NO. |
| Ε, | |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| | |

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back 10 a difference reservoir, Use Form 9–331–C for such proposals.) 1. oil gas well \square X other well 2. NAME OF OPERATOR SUPRON ENERGY CORPORATION 3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 8740 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) AT SURFACE: 1650 ft./N ; 1690 ft./E 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 5572 ft. 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) REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE War Judical SwitzY CHANGE ZONES WHEN TON N M ABANDON* (other) Supplementary Well History X 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.)* Cleaned out to P.B.T.D. of 2850 "t. R.K.B. Circulated hole with 2% KCL water and spotted 200 gal. of 10% acetic acid. 2. Perforated Chacra zone from 2680 ft. to 2796 ft. with a total of 14 holes.

- - Frac'd Chacra zone with 500 gal. 7% nitrified HCL, 54,000 gal. of foam, and 67,500 lb. of 20-40 sand.
 - 5. Blew and cleaned well.
 - Job completed 1-2-82. 6.

DIST.

Set @ _ Subsurface Safety Valve: Manu. and Type ___

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

TITLE Production Supt. DATE January 7, 1982

(This space for Federal or State office use)

_ TITLE __

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

ACCEPTED FOR RECORD

JAN 1-2 1982

*See Instructions on Reverse Side

MMOCG

FARMINGTON DISTRICT SMM BY...