

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 Corp. % John H. Hill, et al

3. ADDRESS OF OPERATOR Suite 020, Kysar Building
300 W. Arrington, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1520' FNL & 1670' FWL (SE NW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) ☐

SUBSEQUENT REPORT OF

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RECEIVED
MAY 21 1981

(NOTE: Report results of multiple completion or zone
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M. 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.)*

1. Logged well, ran Gamma Ray Correlation and CCL logs.
2. Perforated the Dakota first stage as follows: 6470, 72, 74, 76, 79, 82, 85, 88 - 6510, 12, 14, 16, 18, 20, 22, 24. Total 16 holes with .34" Tolson Gun.
3. Acidized with 2200 gallons 15% HCL acid, 2% KCL water. Dropped 32- 7/8" Ball Sealers, good ball action.
4. Maximum Treating Pressure 4000 PSI, Minimum Treating Pressure 400 PSI, Average Treating Pressure 3000 PSI, ISDP 500 PSI, Final Shut-In Pressure 300 PSI in 15 minutes. Job completed at 4:59 P.M., 5/16/81.

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

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

SIGNED Thomas J. Wallis TITLE Exploration/Development Superintendent

DATE May 18, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

NMOCC

MAY 20 1981