

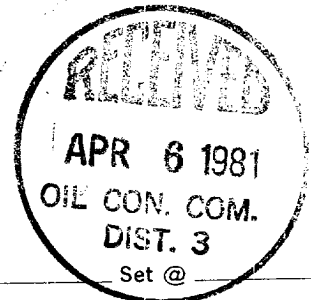
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

- | UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY | | 5. LEASE
SF - 078818A |
|---|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS
<small>(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.)</small> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A |
| | | 7. UNIT AGREEMENT NAME
N/A |
| 1. oil well <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other _____ | | 8. FARM OR LEASE NAME
USA |
| 2. NAME OF OPERATOR
Supron Energy Corp. % John H. Hill, et al | | 9. WELL NO.
#2 |
| 3. ADDRESS OF OPERATOR Suite 020, Kysar Building
300 W. Arrington, Farmington, New Mexico 87401 | | 10. FIELD OR WILDCAT NAME
Basin Dakota |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 930' FSL & 1050' FWL (SW SW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24 T32N R13W |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | 12. COUNTY OR PARISH 13. STATE
San Juan New Mexico |
| REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>
ABANDON* <input type="checkbox"/>
(other) Test & Squeeze Pictured Cliffs X | | 14. API NO. |
| SUBSEQUENT REPORT OF:
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | | 15. ELEVATIONS (SHOW DF, KDB, AND WD)
5941' GR |
| (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.)* | | |

Water analysis indicated 100% formation liquids. Attempt Completion in the Pictured Cliffs, recovered 100% formation water. We respectfully request permission to squeeze Pictured Cliffs perforations from 1852' to 1898'.



Subsurface Safety Valve: Manu. and Type

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

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

SIGNED Herman P. Walker TITLE Exploration/Development Superintendent DATE April 2, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

NMOCC

***See Instructions on Reverse Side**

APPROVED

APR 03 1981

DISTRICT ENGINEER