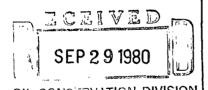
## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5. LEASE
I-149-IND8181
1-1-/-TND:-0181
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
8-1.50 0 7.04
7. UNIT AGREEMENT NAME
2048 July 1
8. FARM OR LEASE NAME 2 22 2 2
Navajo ''D'' 설명은 🔻 설팅함
9. WELL NO. 87 8-4 - 925
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY O
AREA Sec. 1, T-27N, R-13W
N.M.P.M.
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO. 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
- Page 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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.) gas Xwell 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: 1850 Ft./N: 1850 Ft./W 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 15. ELEVATIONS (SHOW DF, KDB, AND WD) \$ P & 5844 G.L. REQUEST FOR APPROVAL TO: SUBSECUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) Ran Plunger

- 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.)\*
- Tagged up with tubing broach at 5973 ft. R.K.B. 1.
- 2. Set tubing Stop at 5950 ft. R.K.B. and ran bumper spring?
- Ran 2" Baker plunger.
- Job completed 8/28/80.



RECEIVED

SEP 1 1 1980

U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

OIL CONSTRUCTION DIVISION Subsurface Safety Valve: Manu-and Eype 18. I hereby certify that the foregoing is true, and correct

TITLE Production Supt. DATE September

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

5 E 6

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

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SEP 15 1980

**FARMINGTON DISTRICT** 

BY.