

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☐ Gas - Oil Well  
Dual Completion
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: 790'/South and 790'/East 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\* ☐  
(other) Alter T.D., Csg. & Cement

SUBSEQUENT REPORT OF:

- ☐  
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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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 drill to a T.D. of approximately 7225 ft. and run 5-1/2", 15.50#, K-55 to T.D. with stage tools at approximately 5080 ft. and 2860 ft. and cement as follows: 1st stage approximately 350 sx of 50-50 poz, 2nd stage approximately 225 sx of 50-50 poz followed by 100 sx of class "B" and 3rd stage approximately 250 sx of 65-35 poz followed by 100 sx of class "B" cement.

All other conditions of the approved A.P.D. will be complied with as approved.

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 March 3, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

