

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. c/o John H. Hill et al
3. ADDRESS OF OPERATOR Kysar Bldg. Ste. 020
300 W. Arrington, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1690' FNL & 1680' FWL (SW NE)
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:

- ☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
Tribal 105
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Jicarilla A
9. WELL NO.
10-E
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde - Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23 T26N R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7140' 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.)*

Acidize Gallup with 36 barrels 7 1/2% HCL acid. Flushed to bottom perforations (7530, 24, 18, 12) with 2% KCL water. Pumped 400 SCF per minute per barrel throughout entire job. Nitrogen rate 1200 SCFM. Maximum treating pressure 3100#, average treating pressure 3000#, 15 minute ISDP 400#. Job complete 1/22/81.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Herminio M. Williams TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE Exploration & Development Superintendent DATE 1/26/81

CONDITIONS OF APPROVAL, IF ANY: