

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 ☐ gas ☒ other ☐
well well

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, New Mex. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1850' FSL & 790' FWL (NW SW)

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE

SF = 078384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Newsom B

9. WELL NO.

20

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 5 T26N R8W

12. COUNTY OR PARISH

San Juan

13. STATE

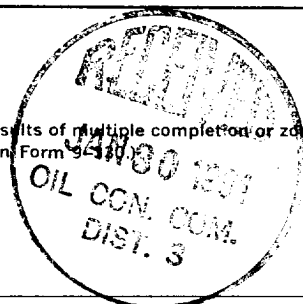
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7194' GR

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



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. Set Bridge Plug at 3024'.

2. Perforated Pictured Cliffs at 2026, 36, 38, 40, 42, 47, 58, 62, 65, 69, 78, 2102, 07. 13 holes with .34" ceramic gun. Complete 1/20/81.

3. Set packer at 2200'. Pressured up to 4000#. Held o.k. Pulled and set at 1950'.

4. Acidize with 500 gals. 7 1/2% HCL.

5. Maximum treating pressure 1400#. Average treating pressure 1200#. 15 minutes ISDP 0. 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

Thomas V. Wallis

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:

NMOCC