Form 9–331
Dec. 1973

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: 1800' FNL & 1850 FEL (SW NE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF - 078430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Newsom A

9. WELL NO.
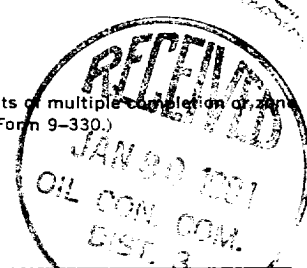6 - E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 15   T26N   R8W

12. COUNTY OR PARISH | **13. STATE**
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7052' GR

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)_____

(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.)*

1. Perforate Mesa Verde 5176, 80, 82, 86, 94, 98, 5202, 12, 16, 26, 30, 36, 42, 46. 28 shots (2 per foot) with .34" Tolson gun.

2. Acidize with 1500 gal. 15% HCL Acid. 56 ball sealers. Knocked balls-off. Complete 1/21/81.

3. Frac'd with 100,000 gal. slickwater, 100,000# 10/20 sand.

4. Maximum treating pressure 3000#, Average treating pressure 2300#. 15 minutes ISDP 800#. Complete 1/22/81.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _~Herman V. Waller~_ TITLE _____ DATE _____

(This space for Federal or State office use)
Exploration & Development
APPROVED BY _____ TITLE Superintendent _____ DATE 1/26/81
CONDITIONS OF APPROVAL, IF ANY:

BW

NMOCC
*See Instructions on Reverse Side