well

2. NAME OF OPERATOR

AT TOTAL DEPTH:

AT TOP PROD. INTERVAL:

	n 9–331								
Dec	. 1973			UN	ITED S				
			DEPAI	RTME	NT OF	THE I	NTERIO	H	
				GEOL	OGICAL	. SURV	EY R		
	SUNI	DRY	NOT	ICES	AND	REPO	RTSS	66 304	E 19 81
(Do rese	not use rvoir, Us	this fo	orm for p n 9-331-	proposal -C for su	s to drill ich propos	or to deep sals.)	or pic	CON.	M
1.	oil		gas				1	DIST	. 3
	well		well	W-1	other		•		

5. LEASE SF -/078430 6. IFANDIAN, ALLOTTEE OR TRIBE NAME . UNIT AGREEMENT NAME N/A ent 8. FARM OR LEASE NAME Newsom 9. WELL NO. A-14 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Suite 020, Kysar Building Ballard Pictured Cliffs 300 W. Arrington, Farmington, New Mexico 87401 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 10 T26N R8W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6998' GL -

(NOTE: Report results of multiple completion or zone

change on Form 9-330.1

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

AT SURFACE: 1520' FNL & 1120' FWL (SW NW)

Supron Energy Corp. % John H. Hill, et al

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:

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.)*

ช. s. GEOLOGICAL SURVEY

FARMINGION, N. M.

- Frac'd the Pictured Cliffs (2928' 2958') with 12,499 gallons 75% Quality foam, 48,000# 10/20 Sand and 464,465 SCF Nitrogen.
- Maximum Treating Pressure 2900 PSI, Minimum Treating Pressure 2700 PSI, Average Treating Pressure 2800 PSI, ISDP 1400 PSI, Final Shut-In Pressure 1300 PSI in 15 minutes. Job completed at 8:46 A.M., 8/25/81.

Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct Explore Signed William TITLE Superir	tion/Development tendent _{DATE} August 27, 1981
(This space for Federal o	r State office use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	EP 1 1981

*See Instructions on Reverse Side