HMITED STATES

| UNITED STATES | 5. LEASE | 5. LEASE | |
|---|--|--|--|
| DEPARTMENT OF THE INTERIOR | NM 0555078 | | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.) | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME | | |
| | -1 | | |
| 1. oil gas XX other | HE LMS FEDERAL 9. WELL NO. | | |
| 2. NAME OF OPERATOR | j. WEEL NO. | | |
| SUPRON ENERGY CORPORATION | 10 AFIFLD OR WILDCAT NAME | | |
| 3. ADDRESS OF OPERATOR | 10 FIELD OR WILDCAT NAME Aztec Pictured Cliffs | | |
| P.O. Box 808, Farmington, New Mexico 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | AREA Sec. 22, T-30N, R-10W | | |
| AT SURFACE: 1785'/S; 1575'/West line | 12. COUNTY OR PARISH | | |
| AT TOP PROD. INTERVAL: Same as above | San Juan | New Mexico | |
| AT TOTAL DEPTH: Same as above | 14. API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW | V DF, KDB, AND WD) | |
| EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | | |
| EST WATER SHUT-OFF [] [X] | | | |
| RACTURE TREAT | (NOTE: Report results of multiple completion or zone | | |
| EPAIR WELL | | | |
| ULL OR ALTER CASING 🗍 | change on Form 9 | | |
| ULTIPLE COMPLETE | | | |
| HANGE ZONES | | - | |
| other) | | | |
| 7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined | lirectionally drilled, give sul | give pertinent dates, osurface locations and | |
| Spud surface hole at 10:00 P.M. on 1-9-80. Drill 9-8/7" hole to total depth of 260 f | בעם א | | |
| Ran 246 ft. (6Jts) of 7-5/8", 26.40#, X-5 | | landed at 257 ft. | |
| 4. Cemented with 100 sacks of class "B" ceme 1-10-80. Cement circulated to surface. | ent w/3% CaCl. Plu | ig down at 6:45 A | |
| Wait on cement 10-1/2 hours. | The same | | |
| Pressure test casing to 800 PSIG for 30 π | inutes. Pressure | ĥeld. | |
| ubsurface Safety Valve: Manu. and Type | Set | @ Ft. | |
| 8. I hereby certify that the foregoing is true and correct | A C | 44 4000 | |
| Rudy D. Motto TITLE Area Superint | | 11, 1980 | |
| (This space for Federal or State off | | | |
| PPROVED BYTITLE ONDITIONS OF APPROVAL, IF ANY: | DATE | | |
| Maron | | TED END RECORD | |

NMOCCI

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JAN 14'80