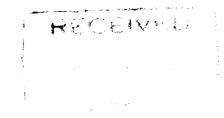
Form \$-331 (May 1963)	DEPART	UNITED STATE MENT OF THE SEOLOGICAL SUF	INTERIOR	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Bu	SIGNATION	ed. nu No. 42-R1424. AND SERIAL NO.	
(Do not use		ICES AND REPOSATION FOR PERMIT—"			6. IF INDIAN	N, ALLOTTEE	OR TRIBE NAME	
OIL GAS XX OTHER Change Name of Operator					7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR SUPRON ENERGY CORPORATION					8. FARM OR LEASE NAME Payne			
3. ADDRESS OF OPERATOR					9. WELL NO.			
P.O. Box 808, Farmington, New Mexico 87401					1=A			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface			10. FIELD AND POOL, OR WILDCAT					
			Blanco Mesaverde					
1140 Ft. from the South line and 1130 ft. from the East line.					11. SEC., T., B., M., OR ELK. AND SURVEY OR AREA Sec. 20, T-32N, R-10W N.M.P.M.			
14. PERMIT NO.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		R, etc.)	12. COUNTY		13. STATE		
		6314	Gr.		San Ju		New Mexico	
16.	Check Ap	ppropriate Box To In	dicate Natur	e of Notice, Report, or C			1 10 110 110 110 110 110 110 110 110 11	
	NOMICE OF COMPANYOU INC.					ENT REPORT OF:		
TEST WATER SH	UT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	٦ .	EPAIRING W		
FRACTURE TREAT	,	MULTIPLE COMPLETE		FRACTURE TREATMENT	_	LTERING CA		
	ZE	ABANDON*		SHOOTING OR ACIDIZING	7	BANDONMEN	<del> </del>	
SHOOT OR ACIDIZ		CHANGE PLANS		(Other)	-1 "	Diribon MBI		
SHOOT OR ACIDIZ		Operator	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)					
REPAIR WELL	nge Name of			compressor of recomp	ceton resport a	nu Log for		
REPAIR WELL (Other) Char	ED OR COMPLETED OPE	RATIONS (Clearly state a mally drilled, give subsu	ll pertinent deta rface locations a	ils, and give pertinent dates, nd measured and true vertice	including esti il depths for a	mated date ill markers	and zones perti-	

Dulling Well.





18. I hereby certify that the foregoing is true and correct SIGNED  Rudy D. Mortro	a·	DATE May 24, 1978
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

