REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTÜRE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

REPAIR WELL

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES . DEPARTMENT OF THE INTERIOR	5. LEASE SF 080517
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME Payne
1. oil gas X other 2. NAME OF OPERATOR	9. WELL NO. 4-A
Supron Energy Corporation	10. FIELD OR WILDCAT NAME Basin Dakota - Blanco Mesaverde
3. ADDRESS OF OPERATOR P.O. Box 808, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-32N, R-10W, N.M.P.M.
below.) AT SURFACE: 1100'/ South; 135'/ East line AT TOP PROD. INTERVAL: Same as above	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH: Same as above 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6901 R.K.B.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF FRACTÜRE TREAT	

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

ABANDON* FARMINGTON, N. W. (other) Paint and Re-seed 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.)*

MONTHER MAL CURVEY

All above ground equipment has been painted gree, Federal standard 595a-34127 and re-seeded with B.L.M. recommended seed mix No. 2 on September 4, 1981.

Subsurface Safety Valve: Manu. and	Type	OCT 13 1981 OIL CON. COM. DIST GOM.
	/ /	(", ")
18. I hereby certify that the foregoin	greature and correct	
SIGNED Sundy M	FITLE Area Supt.	. DATE October 5, 1981
Rudy D. Moteo		
	(This space for Federal or Stat	ate office use)
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		
		.a v v

*See Instructions on Reverse Side

NMACC