

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other ☐

Supron Energy Corp. c/o John H. Hill, et al.

3. ADDRESS OF OPERATOR Kysar Building, Suite 020
300 W. Arrington, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 830' FNL & 1850' FWL (NE NW)

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

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RECEIVED
NOV 1 1980

(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. Total Depth, 7 7/8" hole, drilled to 7071'.
2. Ran 187 joints (7040') of new 5½", 20# L.S. R-3 LT&C.
3. Set and cemented at 7040'.
4. Cemented in 3 Stages. Stage tools set at 4696' and 2409'.
First Stage: 437 sacks 50/50/2 Poz, 2% A-7, .06% D-19.
Second Stage: 284 sacks 50/50/6 Poz, 2% A-7, tailed in with 50 sacks Class "B" Neat cement.
Third Stage: 634 sacks 50/50/6 Poz, ½ Cu.Ft. Perlite per sack, tailed in with 140 sacks 50/50/2 Poz, ½ Cu.Ft. Perlite per sack. Circulation good throughout job, circulated 10 barrels cement. Job complete 8/6/80.
5. Check water shut-off with 2500#.

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

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

SIGNED Thomas L. Wallis TITLE Exploration and Development Superintendent DATE

OCT 27 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

BW

MMCCC