

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(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.)

1. oil ☐ well gas ☒ well other

2. NAME OF OPERATOR

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:

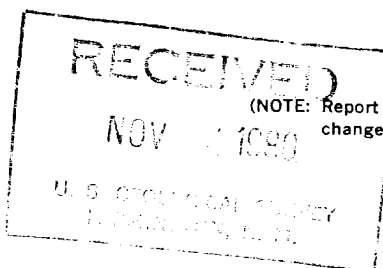
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

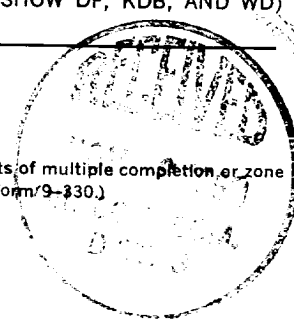
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

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(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. Spudded 12 $\frac{1}{4}$ " hole, to 360' at 1:30 A.M., 7/14/80. Cement circulated.
2. Ran 7 joints (335.8') of new 8 5/8", 26#, L.S. R-3 ST&C.
3. Set and cemented 335.8'.
4. Cemented with 250 sacks Class "B" cement, 8% Calcium Chloride and 3 sacks flo-cele.
5. Plug down at 6:15 A.M., 7/17/80.
6. Circulation good throughout job. Circulated 10 barrels cement.
7. Checked water shut-off at 1000#, with 10" 900 Series, Gardner-Denver Blow-out Preventer.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Serman M. 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

NMOC

\*See Instructions on Reverse Side