

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR

Supron Energy Corp. % John H. Hill, et al

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

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

AT SURFACE: 1660' FSL & 990' FWL (NW SW)  
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) Change in TD

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
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☐  
☐

5. LEASE

Jic. Cont. 10

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME

Jicarilla Apache

8. FARM OR LEASE NAME

Jicarilla "L"

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Pictured Cliffs/Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34 T25N R5W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6751' GR

(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.)\*

We respectfully request the total depth of Jicarilla L-7 be changed from 3600' to 5000'. Also, pipe changed from 2 7/8", 6.5#, CW-55, 8 rd. to 4 1/2", 10.50#, J-55 ST&C. Cement in 2 stages as follows: Surface to 2500' and 2500' to TD.

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

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

SIGNED Thomas H. Waller TITLE Exploration/Development Superintendent DATE February 16, 1981

APPROVED

(This space for Federal or State office use)

APPROVED BY for CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

DISTRICT ENGINEER

NMOCC