

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 Gas-Oil Well Dual Completion

2. NAME OF OPERATOR
Supron Energy Corporation

3. ADDRESS OF OPERATOR
P.O. Box 808, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 ft. F/North & 990 ft. F/West
AT TOP PROD. INTERVAL: same as above
AT TOTAL DEPTH: same as above

5. LEASE
Contract No. 10

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "1"

9. WELL NO.
4E

10. FIELD OR WILDCAT NAME
Basin Dakota -- Otero Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T24N, R5W, N.M.P.M.

12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6599 D.F.

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:

RECOMPLETED

RE-DRILLED

RE-PLUGGED

RE-ABANDONED

OTHER

(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 1/2" surface hole at 12:01 a.m. on 3/15/82.
2. Drilled 12 1/2" surface hole to total depth of 271 ft. RKB.
3. Ran 7 joints of 8 5/8", 24.00#, K-55 csg. set at 271 ft. RKB.
4. Cemented w/20Q sx of Class "B" cement with 3% Calcium Chloride and 1 sx of Flc Cel. Cement circulated to the surface.
5. Waited on cement 12 hours.
6. Pressure tested the casing to 1200 PSI for 30 minutes. Pressure held.

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

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

SIGNED Rudy D. Motto TITLE Area Supt. DATE March 16, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

BY SM