

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

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

| | | |
|---|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. <i>Contract No. 104</i> |
| 2. NAME OF OPERATOR <i>Supron Energy Corporation</i> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla Apache</i> |
| 3. ADDRESS OF OPERATOR <i>P.O. Box 808 Farmington, New Mexico 87401</i> | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1025 ft. from the North line and 1115 ft. from the West line.</i> | | 8. FARM OR LEASE NAME <i>Jicarilla "E"</i> |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>6820 Gr.</i> | 9. WELL NO. <i>14</i> |
| | | 10. FIELD AND POOL, OR WILDCAT <i>Tapacito Pict. Cliffs</i> |
| | | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 15, T-26N, R-4W N.M.P.M.</i> |
| | | 12. COUNTY OR PARISH <i>Rio Arriba</i> |
| | | 13. STATE <i>New Mex.</i> |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| | | | |
|--|---|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 hole at 5:45 p.m. 6/24/78.
2. Drilled 9-7/8" hole to T.D. of 184 ft. RKB.
3. Ran four joints of 7-5/8", 26.40#, K55 Casing landed at 181 ft. RKB.
4. Cemented w/75 sacks of class "B" w/2% Calcium Chloride.
Plug down at 2:30 a.m. 6/25/78. Cement circulated to surface.



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

SIGNED *Lucy A. Webb* TITLE Area Superintendent DATE 7/14/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



JUL 20 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.