Form Approved.
Budget Bureau No. 42–R1424

## 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 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: 1710'/West; 1850'/South line
AT TOP PROD. INTERVAL: Same as above
AT TOTAL DEPTH:  Same as above

5. LEASE
Contract No. 105

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "A"

9. WELL NO.  22-Y

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 24, T-26N, R-4W
N.M.P.M.

12. COUNTY OR PARISH  Rio Arriba

13. STATE  New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7175 Gr.

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

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |

(other) Change Form 9-331C

(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.)*

Change to Form 9-331C

The well name was originally Jicarilla "A" No. 22-X.  The corrected name

is Jicarilla "A" No. 22-Y.

This is to comply with the New Mexico Mineral and Energy Department re-

quirements.

SEP 18 1979

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 Superintendent_   DATE _Sept. 12, 1979_

(This space for Federal or State office use)

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

*See Instructions on Reverse Side