

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1720' f/North, 1495' f/West line*
AT TOP PROD. INTERVAL: *Same as above.*
AT TOTAL DEPTH: *Same as above.*

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: ☒ ☐

5. LEASE
Contract No. 107

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla "F"

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, 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)
6856 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.)*

1. Spud 12 1/4" surface hole at 6:00 p.m. 11-17-79.
2. Drilled surface hole to T.D. of 282 ft. R.K.B.
3. Ran 8 jts. (269 ft.) of 8-5/8", 28.00#, K55 csg. set at 282 ft. R.K.B.
4. Cemented w/175 sx of class "B" cement w/3% CaCl w/1/4# cello flake/sx. Plug down at 4:00 a.m. 11-18-79. Cement circulated to surface.
5. Wait on cement 12 hours.
6. Pressure test csg. to 1000 PSIG for 15 minutes. Pressure held OK.

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 11-20-79

(This space for Federal or State office use)

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

11-20-1979