

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: *1820' f/South & 1010' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)\*

- Spud 12-1/4" surface hole at 6:30 p.m. 10-22-79.*
- Drill 12-1/4" hole to total depth of 271 feet R.K.B.*
- Ran 6 joints (258 ft.) of 8-5/8", 28.0#, K-55 casing. Landed at 271 feet R.K.B.*
- Cemented with 180 sacks of class "B" with 2% Calcium Chloride and 1/4# flo seal/sx. Cement circulated to surface. Plug down at 7:30 a.m. on 10-23-79.*
- W.O.C. 12 hours.*
- Pressure tested the casing to 1000 PSIG for 30 minutes. Held OK.*

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

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

SIGNED *Rudy P. Motto* TITLE *Area Supt.* DATE *October 24, 1979*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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.  
*6*

10. FIELD OR WILDCAT NAME  
*Basin Dakota*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 34, 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)  
*6863 GR.*

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

