

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 ☐ gas ☒ other Supson Energy
2. NAME OF OPERATOR Gordon L. Dewellyn as trustee
for Johannes Hope Hill & John
John H. Hill Henry Hill Jr.

3. ADDRESS OF OPERATOR Suite 210, 17400 Dallas Pkwy,
The Lakes at Bent Tree, Dallas, Texas 75252

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1690'N & 1680'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

Tribe #105

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla "A"

9. WELL NO.

10-E

10. FIELD OR WILDCAT NAME

Blanco Mesaverde-Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

E4-Sec. 23-T26N-R4W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

14. API NO.

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

7140' 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. Set retrievable bridge plug at 7700'.
2. Perforated Tosoto, Gallup. 7530-7524-7518-7512=4 Tolson select fire shots, single shots.
3. Acidized with 500 gel spearhead acid 15%.
4. Fracked with 25,000 gal gel and water & 30,000# 20-40 sand.

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

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

SIGNED Hermaun P. Wallis TITLE Supt. DATE SEP 29 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

BY BW

*See Instructions on Reverse Side