

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

2. NAME OF OPERATOR  
Supron Energy Corp. % John H. Hill, et al

3. ADDRESS OF OPERATOR Suite 020, Kysar Building  
300 W. Arrington, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1690' FNL & 1680' FEL (SW NE)  
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

Tribal 105

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla-Apache

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Jicarilla "A"

9. WELL NO.

10-E

10. FIELD OR WILDCAT NAME

Blanco Mesa Verde/Basin Dakota

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

Sec. 23 T26N R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

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. Frac'd the Mesa Verde (5931' - 6064') with 143,430 gallons Slickwater, 2% KCL water and 160,000# 20/40 Sand.
2. Maximum Treating Pressure 2000 PSI, Minimum Treating Pressure 200 PSI, Average Treating Pressure 1500 PSI, ISDP on vacuum. Job completed at 12:52 P.M., 5/11/81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Armando V. Wallis TITLE Exploration/Development Superintendent DATE May 13, 1981

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED FOR RECORD

NMOCC

MAY 15 1981