DISTAICT ENGINEER

5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

| DEPARTMENT OF THE INTERIOR   | Tribal 105   |
|--|--|
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                 |
|  | Jicarilla-Apache                                     |
| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME                               |
| (Do not use this form for proposals to drill or to deepen or plug back to a different  | N/A  |
| reservoir. Use Form 9-331-C for such proposals.)   | 8. FARM OR LEASE NAME                                |
| 1. oil gas v   | Jicarilla "A"  |
| well gas X other   | 9. WELL NO.  |
| 2. NAME OF OPERATOR  | 10-E   |
| Supron Energy Corp. % John H. Hill, et al  | 10. FIELD OR WILDCAT NAME                            |
| 3. ADDRESS OF OPERATOR Suite 020, Kysar Building   | Mesa Verde/Dakota                                    |
| 300 W. Arrington, Farmington, New Mexico 87401   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR          |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | AREA   |
| below.)  | Sec. 23 T26N R4W                                     |
| AT SURFACE: 1690' FNL & 1680' FEL (SW NE)  | 12. COUNTY OR PARISH 13. STATE                       |
| AT TOP PROD. INTERVAL:   | Rio Arriba New Mexico                                |
| AT TOTAL DEPTH:  | 14. API NO.  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  |  |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                |
|  | 7140'GR  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   |  |
| TEST WATER SHUT-OFF  |  |
| FRACTURE TREAT   | 100000   |
| SHOOT OR ACIDIZE   |  |
| PULL OR ALTER CASING   | (NOTE: Report results of multiple completion or sont |
| MULTIPLE COMPLETE  | Il treat   |
| CHANGE ZONES   | 선명(영 1881 )  |
| ABANDON*   | OIL CON. CON.  |
| (other) Move Drilling Fluids   | Dist 3   |
| ·  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state   | e all pertinent details, and give pertinent dates,   |
| including estimated date of starting any proposed work. If well is d<br>measured and true vertical depths for all markers and zones pertinen   | t to this work.)*                                    |
| measured and tide vertical depend for all markers and zeroe personal   |  |
|  |  |
| We recreatfully request permission to make de  | illing fluids from the shows                         |
| We respectfully request permission to move dr  |  |
| location to Jicarilla F-1-A (Sec. 27, T26N, F  |  |
| 27, T26N, R4W). The fluid is to be used for  | or spud mud.   |
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|  |  |
| Subsurface Safety Valve: Manu. and Type  | Set @ Ft.  |
|  |  |
| 18. I hereby certify that the foregoing is true and correct  Exploration/I   | laval anmant   |
| SIGNED TITLE Superintender   | 1t pare May 15, 1981                                 |
| Sidillo protection of the side |  |
| (This space for Federal or State of  | ice use)   |
| ADDOONED BY  | DATE PARTICIPATION                                   |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:  | DAIG   |
| 1 0 1 1 1 0 0 M  | MAY 1 5 1986   |
|  | 6 St. 1  |
| 1  | 100000000000000000000000000000000000000              |

\*See Instructions on Reverse Side