5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Contract 103
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
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.)	7. UNIT AGREEMENT NAME
reservoir, Ose Form 9-331-C for Such proposals.)	8. FARM OR LEASE NAME
1. oil gas A other	Jicarılla "H"
well well other	9. WELL NO.
2. NAME OF OPERATOR	6-Y
Supron Energy Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	BS Mesa Gallup - Basin Dakota
P.O. Box 808, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	m) AREA
below.)	Sec. 20, T-26N, R-4W, N.M.P.M.
AT SURFACE: 990'/South; 1070'/West line	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as above	Rio Arriba New Mexico
AT TOTAL DEPTH: Same as above	
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECUEST FOR ADDROVAL TO. SURGEOUSLY DECORE OF	6761 DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Podest seedle of suite of
BILL OR ALTER CACING TO	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other)	en e
The property of the property o	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner 	irectionally drilled, give subsurface locations and
	0.545.4.5.55.4
We desire to change the surface casing from new	
to new 9-5/8", 32.30 $\frac{2}{10}$, H-40, LT & C pipe in order	er to drill 8-3/4" hole to T.D.
The pipe will be run to approximately 350 feet a	
the surface. The remainder of the program will	be as previously scheduled.
e de la companya de La companya de la co	The state of the s

Subsurface Safety Valve: Manu. and Type.

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

TITLE Area Supt.

(This space for Federal or State office use)

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

DATE .

*See Instructions on Reverse Side

DISTRICT ENGINEER

_ Set @ ____ Ft.