

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 ☐
well well
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: *1835 ft./N ; 1780 ft./E 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) *Ran plunger*

SUBSEQUENT REPORT OF:

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X

5. LEASE
SF 078384
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Newsom "B"
9. WELL NO.
12
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-26N, R-8W, N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6350 R.K.B.

(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. Ran tubing broach in 1 1/2" E.U.E. tubing to 6542 ft. R.K.B.*
- 2. Set tubing stop at 6532 ft. R.K.B.*
- 3. Installed 1 1/2" Baker plunger.*
- 4. Job completed 2-26-81.*



Subsurface Safety Valve: Manu. and Type _____ ACCEPTED FOR RECORD _____ Ft.

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

SIGNED *Kenneth E. Roddy* TITLE *Production Supt.* DATE *APR 9 1981*
Kenneth E. Roddy

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ BY *RB* DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC