

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

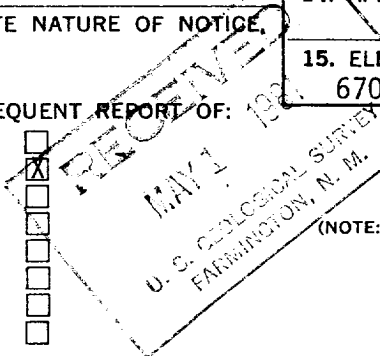
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well 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: 1610' FNL & 800' FWL (SW NW)
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) ☐

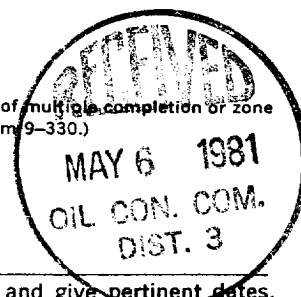
SUBSEQUENT REPORT OF:

- ☐
☒
☐
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5. LEASE
NM - 02901
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Newsom "A"
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3 T26N R8W
12. COUNTY OR PARISH San Juan 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6705' 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 Pictured Cliffs perforations (2672' - 2724') with 16,380 gallons 70% Quality Westfoam, 2% KCL water, 55,000# 10/20 Sand and 635,600 SCF Nitrogen.
2. Maximum Treating Pressure 2550 PSI, Minimum Treating Pressure 2250 PSI, Average Treating Pressure 2400 PSI, ISDP 1500 PSI, Final Shut-In Pressure 1450 PSI in 15 minutes. Job completed at 6:32 P.M., 4/28/81.

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

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

SIGNED Norman V. Wallis TITLE Exploration/Development Superintendent DATE April 30, 1981 **RECEIVED FOR RECORD**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 05 1981
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

BY FARMINGTON DISTRICT