

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

12891

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 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: *790 ft./S; 990 ft./W lines*  
AT TOP PROD. INTERVAL: *Same as above*  
AT TOTAL DEPTH: *Same as above*

5. LEASE  
*SF 077972*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
*Richardson*

9. WELL NO.  
*4-E*

10. FIELD OR WILDCAT NAME  
*Basin Dakota*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 3, T27N, R13W, N.M.P.M.*

12. COUNTY OR PARISH | 13. STATE  
*San Juan | New Mexico*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*5907-Gr.*

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

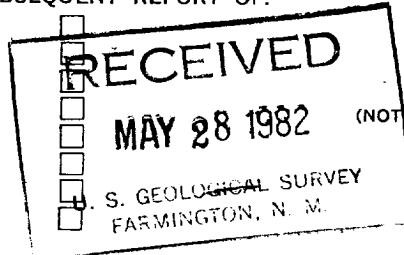
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

(other) *Extend Spud Deadline*

SUBSEQUENT REPORT OF:

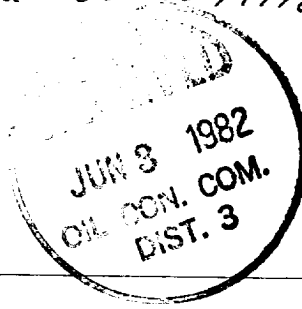


(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

*It is requested that the spud deadline be extended while further evaluation is being conducted.*

*extended to 12/17/82*



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Rudy D. Motto* TITLE *Area Supt.* DATE *May 27, 1982*

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC

APPROVED

JUN 1 1982

*Elliott*  
DISTRICT ENGINEER