UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY			7.
		5. LEASE	
		SF 080724 A	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAMI	E
	D REPORTS ON WELLS ill or to deepen or plug back to a differen	7. UNIT AGREEMENT NAME	
eservoir. Use Form 9–331–C for such proposals.)		8. FARM OR LEASE NAME	
1. oil gas 🔂		Zachry	
well well other	er	9. WELL NO.	
2. NAME OF OPERATOR		18	
SUPRON ENERGY CORPORATION		10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR		Basin Dakota	
P.O. Box 808, Farmington, New Mexico 87401		11. SEC., T., R., M., OR BLK. AND SURVE	EY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17		7 AREA	
below.)		Sec. 11, T-28N, R-10W	
AT SURFACE: 794 ft./North ; 805 ft./West line		e 12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL:	Same as above	San Juan New Mexico	
AT TOTAL DEPTH:	Same as above	14. API NO.	

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

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5650 R.K.B.

- SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Ran plunger
- 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.)*

SUBSEQUENT REPORT OF:

- Set tubing stop at 6186 ft. R.K.B.
- 2. Ran Baker plunger.

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT

Job completed 4-18-80.

ACCEPTED FOR RECORD MAY 20 1980

FARMINGTON DISTRIC Set @

Ft.

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

5 SIGNED

Subsurface Safety Valve: Manu. and Type _

TITLE Production Supt. DATE May 19,

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

*See Instructions on Reverse Side

