

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(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./N; 1800 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Ran 2-7/8" Tubing for Casing

RECEIVED (NOTE)

AUG 20 1960

U. S. GEOLOGICAL SURVEY
FACSIMILE, N. H.

(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. Drilled 6-3/4" hole with water to total depth of 1792 ft. R.K.B.
2. Ran 58 joints of 2-7/8", E.U.E., 6.50# tubing as production casing. Landed at 1791 ft. R.K.B.
3. Cemented with 165 sacks of Halliburton Lite and 50 sacks of class "B" with 2% Calcium Chloride. Plug down at 5:30 P.M. 1/4/80.
4. Cement Bond Log indicated cement top at 505 ft. R.K.B.

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

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

SIGNED

Kenneth E. Roddy

TITLE Production Supt.

DATE _____

August 18, 1980

(This space for Federal or State office use)

ACCEPTED BY RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

AUG 20 1980

***See Instructions on Reverse Side**

FARMINGTON DISTRICT

BY