REQUEST FOR APPROVAL TO:

(other) Ran 4-1/2" Casing

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 047017 A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas well other 2. NAME OF OPERATOR	ANGE L PE AK 9. WELL NO. 22
Supron Energy Corporation 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Bloomfield Chacre
P.O. Box 808, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1105 Ft./S; 790 Ft./W line	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-28N, R-107
AT TOP PROD. INTERVAL: Same as above AT TOTAL DEPTH: Same as above	12. COUNTY OR PARISH San Juan 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5763 R.K.B.
REQUEST FOR APPROVAL TO: SUBSECUENT 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.)*

Drilled 6-3/4" Fole with mud to total depth of 3122 ft. R.K.B.

SUBSEQUENT REPORT OF:

- Ran 78 joints of 4-1/2", 9.50#, K-55 casing and landed at 3122 ft. R.K.B. 2. Float Collar at 30%0 ft. R.K.B.
- Cemented with 250 sacks of 65-35 poz mix and 75 sacks of class "B" with 2% Calcium Chloride. Plug down at 6:00 A.M. 2/27/80.
- Top of cement indicated at 580 ft. per cement bond log.

Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct TITLE Production Supt. August 5, 1980 DATE _ Rodd (This space for Federal or State office use) APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

