PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

Change name of Operator

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| GEOLOGICAL SURVEY | 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 | 7. UNIT AGREEMENT NAME |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME Angel Peak "B" |
| 1. oil K gas other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 31 |
| Supron Energy Corporation | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Wildcat Gallup |
| P.O. Box 808, Farmington, NM 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) AT SURFACE: 990 ft./North & 1650 ft./West line | Sec. 25, T28N, R11W, N.M.P.M. |
| AT SURFACE: 700 100,710 ame as above | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: Same as above | San Juan New Mexico 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE | API NO. |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| KEPOKI, OK OMIZIK ZIMI | 5320 K.D.B. |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: | 2 |
| SHOOT OR ACIDIZE | and the second second |
| REPAIR WELL \square | (NOTE: Report results of multiple completion or zone |

5. LEASE

SF047017 B

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.)*

Change name of operator from Supron Energy Corporation to Union Texas Petroleum Corporation.



change on Form 9-330.)

| Subsurface Safety Valve: Manu. and Type | DIST. 3 | Ft |
|-----------------------------------------------|----------------------------------------------|----|
| 18. I hereby certify that the foregoing is tr | | |
| | (This space for Federal or State office use) | |
| APPROVED BY | TITLE DATE ACCEPTED FOR RECORD | _ |

SEP 16 1982

*See Instructions on Reverse Side

BY FASAULT