

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ☐ LIGATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SE-078505

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NAME
Seymour

2-A

10. FIELD AND POOL, OR WILDCAT

Sedro Bluff

11. SEC., T., R., E., OR S.W. AND
SURVEY OR AREA

Sec. 24, T-31N, R-9W

N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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 and in accordance with any State requirements.
See also space 17 below.)
At surface

870 ft. from the North line and 1150 ft. from the West line.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6436 ft. Ground Level

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

Temporarily Abandon

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

- Well was perforated and fraced in Fruitland formation. Could not be completed as a commercial well.
- Set HOWCO 4-1/2" Bridge Plug at 3057 ft. R.K.B. Spotted 10 sacks cement plug on top of bridge plug.
- We propose to temporarily abandon well at this time to later be opened and used as a water disposal well.

*Change operator from
Southern Union Production*



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

SIGNED

Original signed by

Office Manager

DATE **Oct. 7, 1975**

Dan H. Collier

Dan R. Collier

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ORIGINAL LOCATION*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 "APPLICATION FOR PERMIT" 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 and in accordance with any State requirements.*
See also space 17 below.)
At surface
870 ft. from the North line and 1150 ft. from the West line.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6436 ft. Ground Level

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SE-078505

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Seymour

9. WELL NO.
2-A

10. FIELD AND POOL, OR WILDCAT
Sedro Canyon

11. SEC., T., R., or SW., and SURVEY OR AREA
Fruitland
Sec. 24, T-31N, R-9W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

SUBSEQUENT REPORT OF:

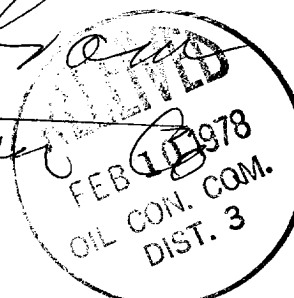
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

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*Change Operator from
Southern Union Production*



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

SIGNED Dan H. Collier Original signed by Dan R. Collier TITLE Office Manager
(This space for Federal or State office use)

DATE Oct. 7, 1975

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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