

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. 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)*
At surface **820 Ft./North; 1830 Ft./West line**

At top prod. interval reported below **Same as above**

At total depth **Same as above**

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
SF 078510

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Oxnard

9. WELL NO.
1-A

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA
**Sec. 8, T-31N, R-8W
N.M.P.M.**

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

15. DATE SPUDDED **8/29/80** 16. DATE T.D. REACHED **9/11/80** 17. DATE COMPL. (Ready to prod.) **12/10/80** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6583 R.K.B.** 19. ELEV. CASINGHEAD **6570**

20. TOTAL DEPTH, MD & TVD **8175 MD & TVD** 21. PLUG, BACK T.D., MD & TVD **8159 MD & TVD** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY _____ ROTARY TOOLS **0 - 8175** CABLE TOOLS **- - -**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5443 - 5918 Mesaverde (MD & TVD)

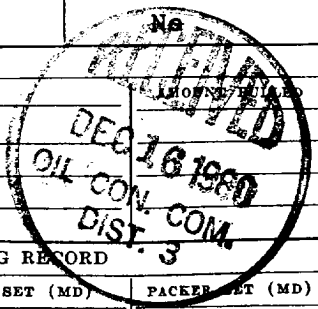
25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric and Compensated Density

27. WAS WELL CORED
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
10-3/4"	32.75	323	14-3/4"	275 Sacks
7-5/8"	26.40	3770	9-7/8"	350 Sacks
5-1/2"	15.50 & 17.00	3631 - 8171	6-3/4"	500 Sacks



29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD SIZE	DEPTH SET (MD)	PACKER SET (MD)
5-1/2"	3631	8171	500		2-1/16" IJ	5949	7997

31. PERFORATION RECORD (Interval, size and number)
**1 - 0.42" hole at each of the following depths:
5443, 52, 55, 70, 5506, 18, 21, 54, 59, 66, 78, 83,
5604, 10, 15, 31, 34, 37, 55, 89, 5703, 14, 43, 47,
52, 57, 62, 67, 5804, 08, 16, 21, 35, 41, 45, 54, 68,
73, 77, 89, 93, 95, 5916, 18. (Total of 44 holes)**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5443 - 5918	2000 gal. 15% HCL, 130,000 lb. of 20-40 sand, and 145,000 gal 1% KCL water.

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Shut-In**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/10/80	3	3/4"	→		221		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
136	582	→		1768			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Phil Collard**

35. LIST OF ATTACHMENTS _____

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED Kenneth E. Roddy TITLE **Production Superintendent** DATE **Dec. 11, 1980**

Kenneth E. Roddy

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

DEC 11 1980

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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)*
At surface **820 Ft./North; 1830 ft./West line**
At top prod. interval reported below **Same as above**
At total depth **Same as above**

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
SF 078510

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Oxnard

9. WELL NO.
1-A

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
**Sec. 8, T-31N, R-8W
N.M.P.M.**

12. COUNTY OR PARISH
San Juan 13. STATE
New Mexico

15. DATE SPUNDED **8/29/80** 16. DATE T.D. REACHED **9/11/80** 17. DATE COMPL. (Ready to prod.) **12/10/80** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **6583 R.K.B.** 19. ELEV. CASINGHEAD **6570**

20. TOTAL DEPTH, MD & TVD **8175 MD & TVD** 21. PLUG, BACK T.D., MD & TVD **8159 MD & TVD** 22. IF MULTIPLE COMPL., HOW MANY* **2** 23. INTERVALS DRILLED BY ROTARY TOOLS **0 - 8175** CABLE TOOLS **- - -**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
8037 - 8150 Dakota (MD & TVD) 25. WAS DIRECTIONAL SURVEY MADE **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Electric and Compensated Density

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10-3/4"	32.75	323	14-3/4"	275 Sacks	
7-5/8"	26.40	3770	9-7/8"	350 Sacks	
5-1/2"	15.50 & 17.00	3631 - 8171	6-3/4"	500 Sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
5-1/2"	3631	8171	500	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-1/16" IJ	8008	7997

31. PERFORATION RECORD (Interval, size and number)
1 - 0.42" hole at each of the following depths: 8037, 39, 40, 43, 44, 46, 47, 64, 66, 68, 70, 72, 74, 8076, 78, 86, 87, 88, 89, 8101, 03, 04, 08, 10, 12, 8114, 16, 18, 33, 35, 36, 37, 46, 47, 48, 49, 50.
Total of 37 Holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8037 - 8150	1500 gal. 15% HCL, 95,000 lb. 20-40 sand, & 60,000 gal. 2% KCL water.

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Shut-In**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12/3/80	3	3/4"	→		49		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
22	- - -	→		390		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Phil Collard**

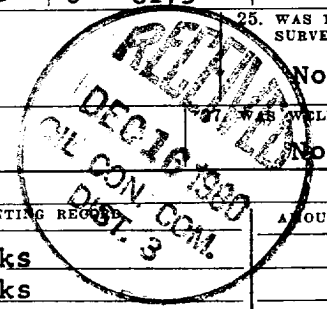
35. LIST OF ATTACHMENTS _____

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED Kenneth E. Roddy TITLE **Production Superintendent** DATE **Dec. 11, 1980**

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC



RECEIVED FOR REGISTRY
DEC 17 1980
PAYABLE TO THE
BY _____

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo (Base)	2280	
				Fruitland	3160	
				Pictured Cliffs	3490	
				Chacra	4438	
				Cliff House	5442	
				Point Lookout	5792	
				Gallup	6478	
				Greenhorn (Base)	7904	
				Dakota	7999	