UNITED STATES

Budget Bureau No. 42-R142
5. LEASE
SF 078508
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

AT SURFACE: 1520 ft. /North; 1520 ft. /West AT TOTAL DEPTH: Same as above AT TOTAL DEPTH: Same as above 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT SUITS OF MUNICIPAL COMPLETE TO SUBSEQUENT REPORT OF: 15. ELEVATIONS (SHOW DF, KDB, AND W 6541 KDB (NOTE: Report results of multiple completion or ze change on Form 9-330.) (NOTE: Report results of multiple completion or ze change on Form 9-330.) (NOTE: Report results of multiple completion or ze change on Form 9-330.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations a measured and true vertical depths for all markers and zones pertinent to this work.)* All above ground equipment has been painted green, federal standard 5952-34127 and the location has been re-seeded with B.L.M. recommended seed mix No. 2. Subsurface Safety Valve: Manu. and Type Set @	DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 078508 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. cil gas well dother described on the described by Well No. 2. NAME OF OPERATOR SUPRON ENERGY CORPORATION 3. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 1520 ft./North; 1520 ft./West AT TOP PROD. INTERVAL: Same as above AT TOTAL DEFIN: Same as above AT TOTAL DEFIN: Same as above AT TOTAL DEFIN: OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF TEST SHOULD BE A SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOULD BE A SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF ABOVE BY A SUBSEQUENT REPORT OF TEST BY A SUBSEQUENT REPORT O		
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18. I hereby certify that the foregoing is true and correct SIGNED RUDY/D. MOTTO TITLE Area Supt. DATE August 18, 1981 (This space for Federal or State office use) APPROVED BY	595a-34127 and the location has been re-seeded seed mix No. 2.	with B.L.M. recommended
18. I hereby certify that the foregoing is true and correct SIGNED RUDY/D. MOTTO TITLE Area Supt. DATE August 18, 1981 (This space for Federal or State office use) APPROVED BY	·•	
(This space for Federal or State office use) APPROVED BY		Set @Ft.
(This space for Federal or State office use) APPROVED BY	SIGNED FINDER TITLE Area Supt.	DATE <u>August 18, 1981</u>
CONDITIONS OF AFFROYAL, IF ART.	(This space for Federal or State offi	

AUG 21 1981

*See Instructions on Reverse Side

