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

Form 9–331 Dec. 1973 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY			Form Approved. Budget Bureau No. 42-R1424 5. LEASE SF 078510 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
8. FARM OR LEASE NAME					
1. oil gas K other			OXN ARD		
			9. WELL NO.		
2. NAME OF OPERATOR			3-A		
Supron Energy Corporation			10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR			Blanco Mes	averde	e - Basin Dakota
P.O. Box 808, Farming			LK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1120 Ft./S; 880 Ft./E line AT TOP PROD. INTERVAL: Same as above			AREA Sec. 8, T-31N, R-8W N.M.P.M.		
			12. COUNTY OR F	ARISH	13. STATE New Mexico
AT TOTAL DEPTH: Same as	14. API NO.				
16. CHECK APPROPRIATE BOX TO					
REPORT, OR OTHER DATA	سام	and the second s			DF, KDB, AND WD)
DECLIFET FOR ADDROVAL TO	SUBSEQUENT	REPORT OF	V 5546 GR.		· · · · · · · · · · · · · · · · · · ·
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	3023EQ5EN	AUG 1 8	1980		
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE		U.S. GEOLOGI FARMING C	CALINOTE: Réport resu ON, N. M. change on	its of mul Form 9–3	tiple completion or zone 30.)
CHANGE ZONES				· · · · · · · · · · · · · · · · · · ·	

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.)*

- Spudded 13-3/4" surface hole 4:00 A.M. 8-13-80.
- Drilled surface hole to 326 ft. R.K.B. 2.
- Ran 7 joints of 10-3/4", 32.75#, H-40 casing and landed at 324 ft. R.K.B. 3.
- Cemented with 275 sacks of class "B" with 1/4# flocele per sack and 3% calcium chloride. Plug down at 11:00 P.M. 8-14-80.
- Waited on cement for 12 hours.
- Pressure tested casing to 800 P.S.I. for 15 minutes

TITLE Production Supt. DATE August 15, 1980

Subsurface Safety Valve: Manu. and Type

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

SIGNED

(This space for Federal or State office use)

TITLE

PORTPRED FOR MECONIANY:

DATE

AUG 201980

*See Instructions on Reverse Side

ARMINGTON DISTRICT