UNITED STATES DEPARTMENT OF THE INTERIOR

Э.	MEASE			
SF	078510			
76.	IF INDIAN.	ALLOTTEE	OR TRIBI	NAME

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 8. FARM OR LEASE NAME	
reservoir. Use Form 9–331–C for such proposals.)		
1. oil gas X other	Oxnard	
Well Well Other	9. WELL NO.	
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME	
SUPRON ENERGY CORPORATION	Basin Dakota;Blanco Mesaverde	
3. ADDRESS OF OPERATOR P. O. Boy 909 Farmington Nov. Movigo 97401	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
P.O. Box 808, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.)	Sec. 8, T-31N, R-8W, N.M.P.M.	
AT SURFACE: 1120 ft./South ; 880 ft./East	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: Same as above	San Juan New Mexico	
AT TOTAL DEPTH: Same as above	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	AF ELEVATIONS (CHOW DE 1/2)	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6559 KDB	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0333 RDB	
TEOT WATER CHILT OFF	ZENTED	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
ABANDON*	GGON, N. M.	
(other) Paint and re-seed X	The same of the sa	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations and	
All above ground equipment has been painted gr	reen, federal standard	
595a-34127 color and re-seeded with B.L.M. red		
	ACTION !	

Set @ . Subsurface Safety Valve: Manu. and Type the soregoing is true and correct Area Supt. DATE August 18, 1981 TITLE _ (This space for Federal or State office use) _ TITLE _

NMOCC

AUG 26 1981