

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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. See space 17 below.)

AT SURFACE: 905 ft./N; 1020 ft./W line

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Squeeze cement over Fruitland zone

SUBSEQUENT REPORT OF:

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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

NOV 2 1981

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

We desire to set a wireline bridge plug at 1950 feet. Perforate 2 squeeze holes in the casing at 1890 ft. and squeeze 50 sx of class "B" cement behind the casing using a cement retainer set at 1860 ft. Sting out of the retainer and perforate 2 holes at 1830 ft. and squeeze 50 sx of class "B" cement behind the casing.

This squeeze is needed to insure a bond on the pipe and isolate the potential production zone between 1850 ft. and 1860 ft.

Above procedure as verbally approved October 29, 1981.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

Rudy D. Motto

TITLE Area Supt.

DATE October 29, 1981

(This space for Federal or State office use)

(Orig. Sgd.) RAYMOND W. VINYARD

RAYMOND W. VINYARD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT SUPERVISOR DATE _____