

**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 % John H. Hill, et al.

3. ADDRESS OF OPERATOR
Kyser Building, Suite 020
300 W. Arrington, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 830' FNL, 1850 FWL (NE NW)
At top prod. interval reported below
At total depth

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
SF-078244

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Taliaferro

9. WELL NO.
4-E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec 29, T31N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

15. DATE SPUNDED 7/14/80 16. DATE T.D. REACHED 8/5/80 17. DATE COMPL. (Ready to prod.) 1-31-81 18. ELEVATIONS (DF, RESB, RT, GR, ETC.)* 6030' GR

19. ELEV. CASINGHEAD
5003'

20. TOTAL DEPTH, MD & TVD 7071' MD 21. PLUG, BACK T.D., MD & TVD 7010' MD 22. IF MULTIPLE COMPL., HOW MANY* Dual, → 23. INTERVALS DRILLED BY 7071'

ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6870 - 6972 Basin Dakota

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray, Correlation, CCL

27. WAS WELL CORED
No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	26#	335.8'	12 1/2"	250 Sx Class B	-0-
5 1/2"	20#	7040'	7-7/8"	1495 Sx 50/50 Poz	-0-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
1 1/2" EUE				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
1 1/2" EUE	6833	6332'

31. PERFORATION RECORD (Interval, size and number) CID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6870, 72, 74, 6925, 28, 30, 32, 34, 36, 38, 40, 56, 58, 60, 62, 64, 66, 68, 70, 72	1218 Gals 15% HCL
	76,188 Gals Mini Max III - 40
	17,700# 20/40 Sand

20 Holes with .34" Tolson Gun

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
	Flowing	Shut-In
DATE OF TEST 1-31-81	HOURS TESTED 3 Hours	CHOKED SIZE 3/4
PROD'N. FOR TEST PERIOD →	OIL—BBL. 1212	GAS—MCF. 1320
WATER—BBL. _____	GAS—MCF. 1320	WATER—BBL. _____
FLOW. TUBING PRESS. 87	CASING PRESSURE _____	CALCULATED 24-HOUR RATE →
OIL—BBL. _____	GAS—MCF. 1320	WATER—BBL. _____
OIL GRAVITY-API (CORR.) _____		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented

TEST WITNESSED BY
A. R. Kendricks

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 [Signature] TITLE Drilling/Producing Manager DATE 1-1-1981

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

NMOCC

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.

Item 1: 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 35.

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. 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.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	DESCRIPTION, CONTENTS, ETC.	NAME
			MEAS. DEPTH
			TRUE VERT. DEPTH
Ojo Alamo	590	Water	
Fruitland	2072	Water	
Pictured Cliffs	2325	Gas	
Cliff House	3912	Water	
Point Lookout	4711	Gas	
Gallup	5035	Shale	
Mancos	6009	Sandy Shale	
Greenhorn	6730	Shale and Sandstone	
Dakota	6805	Gas	