

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 Corp. % John H. Hill, et al

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1730' FSL & 820' FEL (NE SE)  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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) ☐

SUBSEQUENT REPORT OF:

☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
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.  
5-M

10. FIELD OR WILDCAT NAME  
Mesa Verde/Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30 T31N R12W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DEPTH AND WD)  
5978' GR

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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.)\*

1. Frac'd Dakota perforations (6784' - 6898') with 55,020 gallons Mini Max III-40, 2% KCL water, 88,000# 20/40 Sand and 22,000# 10/20 Sand.
2. Maximum Treating Pressure 3000 PSI, Minimum Treating Pressure 2600 PSI, Average Treating Pressure 2850 PSI, ISDP 1300 PSI, Final Shut-In Pressure 600 PSI in 15 minutes. Job completed 8:25 P.M., 4/9/81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Thomas V. Collins TITLE Exploration/Development Superintendent DATE April 14, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOC

RECEIVED FOR RECORD

APR 15 1981

FARMINGTON DISTRICT  
BY [Signature]