

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: *800'/North; 1080'/West 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) *Bradenhead Squeeze*

SUBSEQUENT REPORT OF:

☐
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☐
☐
☐
☐
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☐
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☐

5. LEASE/
SF 078464

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "A"

9. WELL NO.
1-E

10. FIELD OR WILDCAT NAME
Undes. Fruitland - Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-31N, R-13W, N.M.P.M.

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5800 K.D.B.

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

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 put a bradenhead squeeze on this well in order to put cement around the 4-1/2", 10.50# pipe from the top of the existing cement at 400 ft. into the surface casing at 250 ft. The bottom of the surface casing is 286 ft. This area to be covered is 114 ft. This will entail pumping 35 sx of class "B" cement with 3% CaCl and displace the cement to 250 ft.



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 *September 16, 1981*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

