UNITED STATES

UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	SF- 078818A	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OUNDRY MOTIOTO AND DESCRIPTION	N/A	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(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.)	8. FARM OR LEASE NAME	
1. oil gas gy	USA	
well well other	9. WELL NO.	
2. NAME OF OPERATOR	#1	
Supron Energy Corp. % John H. Hill, et al	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR Kysar Building, Suite 020 300 W. Arrington, Farmington, New Mexico 87401	Basin Dakota	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
below.)	Sec. 24 T32N R13W	
AT SURFACE: 812' FSL & 804' FEL (SE SE)	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico	
	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
Mar ott, ott office ball	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5925' GR	
TEST WATER SHUT-OFF	Annual E.M. M. Annual Between	
FRACTURE TREAT	CEIVED	
	(NOTE) Report results of multiple completion or zone	
PULL OR ALTER CASING	1.4 (NOTE) Report results of multiple completion or zone change on Form 9–330.)	
MULTIPLE COMPLETE	OGICAL SURVEY	
ABANDON*	IGTON, N. M.	
(other) Report on Zone Findings	AND THE PROPERTY AND ADDRESS OF THE PARTY OF	
17 DESCRIPE PROPOSED OR COMPLETED OPERATIONS (C)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	e all pertinent details, and give pertinent dates irectionally drilled, give subsurface locations and	
measured and true vertical depths for all markers and zones pertinen	t to this work.)*	
Pictured Cliffs Tops 2120' did not indicate C	ommercial Productivity	
This zone was not developed.	onner or a restriction of the second of the	
	No. of the second secon	
0.1. / 0./. //	NOR TON COM. /	
Subsurface Safety Valve: Manu. and Type	Set @ 3 Ft	
18. I hereby certify that the foregoing is true and correct		
SIGNED JURNIAUV. Wallis TITLE Superintenden	evelopment t	
(This space for Federal or State office use)		
APPROVED BY TITLE	DATE	

CONDITIAL CEPTED YOR RECUMU

JAN 1 5 1981

*See Instructions on Reverse Side