

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: 930' FSL & 830' FEL (SE SE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

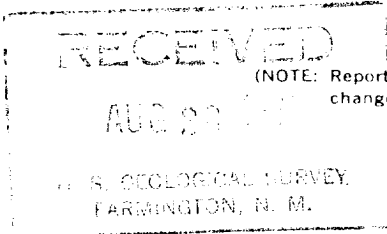
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 - 078818A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
USA
9. WELL NO.
#3
10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23 T32N R13W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5986' GL

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 the Pictured Cliffs (1670' - 1714') with 13,566 gallons 75% Quality foam, 50,000# 10/20 Sand and 393,569 SCF Nitrogen.
2. Maximum Treating Pressure 2600 PSI, Minimum Treating Pressure 1900 PSI, ISDP 1450 PSI, Final Shut-In Pressure 1375 in 15 minutes. Job completed at 12:25 P.M., 8/24/81.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Barman V. Wallis TITLE Exploration/Development Superintendent DATE August 27, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY X