Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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 & 1050' FWL (SW SW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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.
#2

10. FIELD OR WILDCAT NAME
Basin Dakota/Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24   T32N   R13W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5941' GR

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

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Test & Squeeze Pictured Cliffs		

X

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.)*

Tested Pictured Cliffs and recovered 100% formation water. Squeezed the Pictured Cliffs formation from 1852' to 1898' with 150 sx. Class "B" cement, 2% Calcium Chloride and ½ cu.ft. Perlite/sk. Squeeze job tested to 1500 PSI and held. Job completed 1:35 P.M., 4/6/81.

ACCEPTED FOR RECORD

APR 21 1981

FARMINGTON DISTRICT

BY _____

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED _____   TITLE Exploration/Development Superintendent   DATE April 20, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side