ABANDON*

(other)

Dec. 1973	Budget Buleau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF - 278818A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GLOCOGIONE SORVET	- NA
CUMPRY NOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	. M / Λ
(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 🗓 other	USA
well well well other	9. WELL NO.
2. NAME OF OPERATOR	#4 24
Supron Energy Corp. % John H. Hill, et al	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 020, Kysar Building	Mesa Verde
300 W. Arrington, Farmington, New Mexico 8740	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	
holow)	Sec. 24, T32N, R13W
AT SURFACE: 790' FSL & 1790' FWL (SE SW)	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
•	5910' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3310 div ,
TEST WATER SHUT-OFF	and the same is a second of the same same same same same same same sam
FRACTURE TREAT	The same and the same and
SHOOT OR ACIDIZE	CEIVED
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING U	p of dechange on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	entero out onougy

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.)*

C. S. GOOLDG.CAL SURVEY

FARMINGTON, N. M.

Logs indicate questionable production in the Pictured Cliffs, therefore zone was not opened for testing in this well.

We respectfully request this well be completed as a Mesa Verde single.

Set @:

Subsurface Safety Valve: Manu. and Type

Zone Not Opened

ify that the foregoing is true and correct Exploration/Development Superintendent

July 22, 1981 _ DATE __

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

NMOCC

*See Instructions on Reverse Side

APPROVED

DATE