

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                                           |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                                                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla                            |
| 2. NAME OF OPERATOR<br>Energy Reserves Group, Inc.                                                                                                                        | 7. UNIT AGREEMENT NAME<br>Tribal                                             |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 3280, Casper, WY 82602                                                                                                                | 8. FARM OR LEASE NAME<br>Jicarilla 35                                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1600' FSL and 1650 FEL (NW SE) | 9. WELL NO.<br>5                                                             |
| 14. PERMIT NO.                                                                                                                                                            | 10. FIELD AND POOL, OR WILDCAT<br>Blanco Pictured Cliffs So.<br>Otero Chacra |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>Ground - 6,871'; K.B. - 6,884'                                                                                          | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>Sec. 36-T25N-R5W      |
|                                                                                                                                                                           | 12. COUNTY OR PARISH<br>Rio Arriba                                           |
|                                                                                                                                                                           | 13. STATE<br>New Mexico                                                      |

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                          |

## SUBSEQUENT REPORT OF:

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input checked="" type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/>            | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/>            | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/>            |                 |                          |

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

The above described well was spudded at 10:00 P.M., 1-25-77.  
Drilled 12-1/4" hole to 227' K.B.  
Ran 5 jts. (210.65' net) 8-5/8" O.D., 32#, 8rth, K-55, ST&C  
R-3 new casing set at 224.65' K.B.. Cemented w/150 sx. Class  
"B" cement w/3% CaCl<sub>2</sub>.  
Plug down at 6:51 A.M., 1-26-77. Good returns.  
Nippled up and tested FOPE to 600 psi - Held O.K.  
Drilled out w/7-7/8" bit.

1-27-77 Drilling 7-7/8" hole at 790'.



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

SIGNED

*Dean B. Barner*

TITLE Dist. Prod. Engr. - RMD DATE 1-27-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DURANGO OFFICE COPY

\*See Instructions on Reverse Side