CONDITIONS OF APPROVAL, IF ANY:

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39.375 W

Form Approved.

Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR Jicarilla 35 🗸 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u> 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME gas <u>Jicarilla</u> well 🔄 well other 9. WELL NO. 2. NAME OF OPERATOR 12 Energy Reserves Group, Inc. 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Basin Dakota P.O. Box 3280, Casper, Wyoming 82602 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA 25 Sec. 35-T23N-R5W AT SURFACE: 1,690' FSL & 940' FEL (NE/SE) 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Rio Arriba 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) G.L. 6,854' - KB - 6,868' REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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 referenced well was spudded @ 9:00 PM 12-18-79. Drilled 12-1/4" hole to 492' (K.B.) Ran 12 jts. 8-5/8" O.D., 24#, 8Rth, SS, ST&C, R-3 new casing set @ 488' (K.B.) Cemented w/350 sx of Class "B" cement w/3% CaCl, and 1/4# Flocele/sx. Plug down @ 11:00 AM 12-19-79. Good cement returns. Nippled up and pressure tested BOPE to 800 psi - held o.k. 12-20-79: Drilling 7-7/8" hole to 1,115'. DEC 3 1 1979 OIL CON. COME Subsurface Safety Valve: Manu. and Type _ DIST. 3 18. I hereby certify that the foregoing is true and correct TITLE Drilling Supt. DATE _ (This space for Federal or State office use) APPROVED BY DATE