

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
Energy Reserves Group, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 3280, Casper, Wyoming 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1690' FSL & 940' FEL
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED
DEC 15 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON, RESOURCE

5. LEASE

Jicarilla Tract 35

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla '35'

9. WELL NO.

12

10. FIELD OR WILDCAT NAME

Lindrith Gallup-Dakota, West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 35 T25N-R5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

D.E. 6867'; K.B. 6868'

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.)*

It is proposed to workover the subject well as follows:

1. Isolate Dakota Formation;
2. Perforate Greenhorn Formation @ 7067'-7078' w/4JSPF and then acidize w/1000 gals of 15% HCL;
3. Isolate Greenhorn Formation;
4. Perforate Lower Gallup @ 6570-6574', 6446'-6448', 6439'-6441', 6436', 6433', 6423', and 6414'-6416' w/1 JSPF;

5. Breakdown Lower Gallup perms w/500 gals of 7 1/2 HCL followed by 1500 Subsurface Safety Valve; Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Paul Bertoglio

TITLE Prod Engr - RMD

DATE 12-12-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

DEC 15 1983

OFFICE DIV.

*See Instructions on Reverse Side

DEC 18 1983
M. MULLENBACH
AREA MANAGER