

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☐ Dry Hole
2. NAME OF OPERATOR  
Energy Reserves Group, Inc.
3. ADDRESS OF OPERATOR  
Box 3280 Casper, Wyoming, 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2130' FNL & 660' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

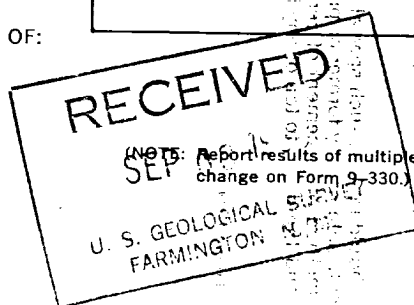
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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5. LEASE 14-20-603-2085	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Old Trading Post	
9. WELL NO. 5	
10. FIELD OR WILDCAT NAME	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T26N-R14W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	



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.)\*

Please be advised that the referenced location has been rehabilitated to the specified requirements and is ready for final inspection.

RECEIVED  
JUN 12 1984  
OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED William J. Hays TITLE Field Services Adm. DATE September 3, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC