

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 ☐ gas ☒ 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: 1,820' FNL &amp; 1,710' FEL (SW NE)

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) Well History ☒

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Drilled 7-7/8" hole to 6,375' and ran logs.

Ran 157 jts. 4-1/2" O.D., 10.5# &amp; 9.5#, K-55, 8Rth, SS, ST&amp;C new casing set @ 6,371' (K.B.) w/stage tool @ 4,474'.

Cemented 1st stage w/325 sx of 50-50 Pozmix w/2% Gel, &amp; 1/4# Flocele/sx.; followed by 165 sx of Class "G" w/10% Salt and 1/4# Flocele/sx.

Cemented 2nd stage w/390sx of HOWCO Lite w/10# Gilsonite/sx.; followed by 700 sx. of 50-50 Pozmix w/2% Gel &amp; 12-1/2# Gilsonite/sx. Plug down @ 6,371'.

Good circulation throughout both stages.

Ran temp survey - top of cement approximately 1,000'.

4-21-80: W.O.C.T. &amp; M.O.R.T.

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

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

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

SIGNED

Rene C. Billings

TITLE

Drilling Supt-RMD

DATE

April 21, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

