

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: 1,150' FNL & 1,150' FWL (NW/NW)
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 above referenced well to 6,285' & ran logs.

Ran 156 jts 4-1/2" O.D., 10.5#, K-55, 8Rth, R-3 casing set @ 6,288' KB.
Cemented 1st stage w/200 sx 50-50 Pozmix & cement w/1/4# Flocele/sk.; followed by 200 sx Class "B" cement w/10% Salt + 1/4# Flocele/sk.; Circulate 3-1/2 hrs through stage collar @ 4,443' - Cemented 2nd stage w/350 sx HOWCO "Light" cement w/10# Gilsonite/sk.; followed by 600 sx 50-50 Pozmix & cement w/12-1/2# Gilsonite/sk. Plug down 1st stage @ 6:15 PM 2-13-81. Plug down 2nd stage @ 11:15 PM 2-13-81. Good cement returns to surface.

2-14-81 - W.O.C. & W.O.C.T.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED _____

TITLE Drlg Foreman RMD DATE 2-17-81

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____

NMOCC

FARMINGTON DISTRICT

BY [Signature]