UNITED STATES ARTMENT OF THE INTERIOR COLOGICAL SURVEY	5. LEASE NM-03153
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	O.H. Randel 9. WELL NO. 5
2. NAME OF OPERATOR	6-E 10. FIELD OR WILDCAT NAME
Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 3280 - Casper, Wyoming 82602	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 15-T26N-R11W
AT SURFACE: 940' FSL & 790' FEL (SE/SE)	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	14. API NO. 18. ELEVATIONS (SHOW DF, KDB, AND WD) 19. L. 1,383' - K.B. 6,395' (NOTE: Report results of formalistic completions zone
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPAIR REPAIR OF THE SUBSEQUENT REPAIR REPAIR REPAIR REPAIR REPAIR REPAIR SUBSEQUENT REPAIR R	(NOTE: Report results of intriple completion at zone GICAL N. Michange on Form 94330).
FRACTURE TREAT SHOOT OR ACIDIZE	NEX / SE
REPAIR WELL	(NOTE: Report results of mentione completion of zone
PULL OR ALTER CASING	TON. NO. CO. 1981
CHANGE ZONES	VON COM
ABANDON*	3 3
(other) Well History X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly starting including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	
Drilled 7-7/8" hole to $6,347$ ' & ran logs.	
Ran 164 jts 4-1/2" O.D., 10.5#, K-55, R-3 ne	w casing set @ 6,346'. w/DV tool
t = 1 Compared 1st stage $W/250$ SX of $50-5$	U Pozmix W/2% Ger a 1/4" Frocere/sk,
5 44 1 1 170 Class "R" coment W/107	Sair & 1/4# Flocele/Sx. Jemented
2nd stage w/500 sx of 65-35 Pozmix w/6% Gel sx of 50-50 Pozmix w/2% Gel & 12-1/2# Gilson	ite/sx. Plug down @ 4:00 PM 1-22-81
SX 01 30-30 FOZIIIX W/ 2% CCT & 12 1/2" CLL	
	속학회원 그들 그리지의
	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	1 26 91
SIGNED Source (. Billegie TITLE Drlg Supt-I	
(This space for Federal or State of	DATE
CONDITIONS OF APPROVAL IF ANY:	
OFAR MINGTON DISTRICT NMOCC	
•See Instructions on Revers	e Side