

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-03153
2. NAME OF OPERATOR Energy Reserves Group, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1060' FSL & 820' FEL	8. FARM OR LEASE NAME O. H. Randel
14. PERMIT NO.	9. WELL NO. 10
15. ELEVATIONS (Show whether DY, RT, OR, etc.) GL-6301'; KB-6315	10. FIELD AND POOL, OR WILDCAT Gallegos Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9 T26N-R11W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED
JUN 17 1985

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Well History</u>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.) *

MI RURT. Spudded 12 1/4" hole @ 4:00 P.M. 6-11-85. Drld to 320'. TOOH. Ran 7 jts used 8 5/8" 24# K-55 ST&C csg to 317'. Cmt'd w/220 sx (277 ft³) Class "B" w/2% CaCl₂ and 1/4#/sx Flocele. Plug down at 11:00 P.M. 6-11-85. Good returns throughout. Circ 8 bbls (36 sx) to the surface. W.O.C. 12 hrs. NU BOP. Pressure tested to 800 psi - Held O.K.

Present operation 6-13-85. Drlg ahead 7 7/8" at 1979'.

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JUN 19 1985
OIL & GAS DIV.
DIST. 9

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

SIGNED Paul C. Bertoglio
Paul Bertoglio

TITLE Petroleum Engineer

DATE 6-13-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

JUN 18 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA