

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 and 820' FEL		8. FARM OR LEASE NAME O. H. Randel
14. PERMIT NO.		9. WELL NO. 10
15. ELEVATIONS (Show <del>WASHINGTON</del> <b>BUREAU OF LAND MANAGEMENT</b> <del>RESOURCE AREA</del> ) GR-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

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JUN 25 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.)

Drld 7 7/8" to 5650' T.D. @ 5:30 A.M. 6-18-85. Ran GR-CDL-CNL and SP-DIL logs. Ran 147 jts new 4 1/2" 10.5# K-55 ST&C casing to 5650'. Cmt'd in 2 stages:

1st Stage: 300 sx (378 ft<sup>3</sup>) 50-50 Pozmix w/2% gel, 10% salt, 10% Cal Seal and 1/4#/sx Flocele. Plug down @ 3:00 A.M. 6-19-85. Good circ throughout. Drop bomb and opened stage tool at 4450'. Circ for 4 hours.

2nd Stage: 1350 sx (2160 ft<sup>3</sup>) Lite w/10% salt and 6 1/4#/sx Gilsonite followed by 100 sx (118 ft<sup>3</sup>) Class "B". Plug down at 8:15 A.M. 6-19-85. Good circ throughout. Did not circ any cement to the surface.

Ran temp survey 8:15 P.M. 6-19-85. Found cement top at 500'.

W.O.C.T.

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JUN 27 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED <u>Paul C. Bertoglio</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>6-20-85</u>
<u>Paul C. Bertoglio</u>		

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCO

FARMINGTON RESOURCE AREA