5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	SF=078019
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	<u> </u>
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 reservoir. Use Form 9–331–C for such proposals.)	
reservoir. Gue i orini 3-351-0 for such proposals.)	8. FARM OR LEASE NAME 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
1. oil gas well other	E. H. Pipkin
WOII OUTO	9. WELL NO. இத்திற்ற இரு இரு
2. NAME OF OPERATOR	<u>19 ਵਿੱਚ ਤੋਂ ਕੋਵੇ-</u>
Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
	West Kutz Pictured Cliffs
Box 3280, Casper, Wy. 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF
below.)	Sec. 12, T27N-R11W
AT SURFACE:	12. COUNTY OR PARISH 13. STATE.
AT TOP PROD. INTERVAL: 1100' FNL 810' FWL	San Juan New Mexico
AT TOTAL DEPTH: (NW/NW)	14. API NO. 2225
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
DECUISET FOR APPROVAL TO	5917' GR 3 = 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE	그 그 그 그 그 그 회복 위화 그 그 작용값 입니다
REPAIR WELL	(NOTE: Report results of multiple completion or zon
PULL OR ALTER CASING MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	그 그 그는 그는 관련정보는 한 결국회육 그는
ABANDON*	그 그는 그는 사람들은 사람들이 되는 통험성 했다.
(other) Delete producing zone	
17 DECODER DECOGE OF COMPANY	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di	e all pertinent details, and give pertinent dates
including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent	t to this work.)*
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
The above referenced well was permitted to be	a multi-zone completion
(Kutz Fruitland & West Kutz Pictured Cliffs).	
you that we plan only to produce the West Kutz	z Pictured Cliffs formation.
	医乳性皮肤 医二角黄疸
	House to the control of the control
	Awa of the same and the same an
	ord partitionally and be strong partitionally and feel of the partition of
	the store of the s
	Office of the second se
	Country to the forest of the second of the s
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	Service of
SIGNED TITLE Field Services	S Admbate
(This space for Federal or State offic	a ucal
APPROVED BY	ce use) DATE DATE DATE
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE TO THE TOTAL
	Reterred and the control of the cont
NMOCC	Service of the servic
TIMULG	bs r biu

*See Instructions on Reverse Side