

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. SF-078019	
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 1470' FNL & 850' FWL		8. FARM OR LEASE NAME E. H. Pipkin	
14. PERMIT NO.		9. WELL NO. 26	
15. ELEVATIONS (Show whether of, to, or from) G.R. 5954'; K.B. 5967'		10. FIELD AND POOL, OR WILDCAT Kutz Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12 T27N-R11W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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FARMINGTON RESOURCE AREA

16. 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Well History	

(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 5850' on 1-15-85. Circ and cond. hole. TOOH. Ran SP-DIL and GR-FDC-CNL logs. TIH and TOOH L.D. D.P. Ran 149 jts new 4 1/2" 10.5# K-55 ST&C to 5850'. Cmt'd in three stages w/stage tools @ 4531' and 1891'.

1st stage: 350 sx Class "B" w/10% salt. Good circ throughout. Plug down @ 4:00 P.M. 1-16-84. Dropped bomb and opened first stage tool. Circ 10 bbls (47 sx) cement to the surface. Circ 3 hrs and started 2nd stage.

2nd stage: 550 sx 50-50 pozmix w/2% gel and 1/4#/sx Celloflake. Good circ throughout. Plug down at 8:15 P.M. 1-16-84. Dropped bomb and opened second stage tool. Circ 15 bbls (67 sx) cement to the surface. Circ 3 hrs and started 3rd stage.

3rd stage: 440 sx 65-35 pozmix w/12% gel followed by 100 sx C1 "B". Good circ throughout. Circ 15 bbls (48 sx) cement to the surface. Plug down @ 12:00 midnight.

Released rig at 6:00 A.M. 1-17-85. W.O.C.T.

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OIL CON. DIV.
DIST. 3

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

SIGNED Paul C. Bertoglio
Paul C. Bertoglio

TITLE Petroleum Engineer

DATE 1-18-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE JAN 24 1985

*See Instructions on Reverse Side

NMOCC