

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078903-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Canyon-P.C.

8. FARM OR LEASE NAME

9. WELL NO.

272

10. FIELD AND POOL, OR WILDCAT

Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. ³³ 23-T28N-R12W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL ☐ GAS ☒ OTHER
WELL WELL

2. NAME OF OPERATOR

Energy Reserves Group, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 3280, Casper, WY 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1,100' FNL & 2,200' FWL (SE NE NW $\frac{1}{4}$)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

G.L. - 5,680'; K.B. - 5,689'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Running Casing

(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.)*

Drilled a 6-1/4" hole to 1,475'.

Ran IES-SP log from 1,466' to bottom of surface pipe.

Ran 38-jts - 1,484' (net), 4-1/2", 10.5#, CW-55, used casing set at 1,473' (K.B.). Cemented w/90 sx. of regular cement. Plug down at 6:10 P.M., 12-29-76. Good returns.



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

SIGNED

Rose C. Pillegrin

TITLE Operations Supt. - Drlg. DATE 12-30-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: