

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Energy Reserves Group, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 3280, Casper, Wyoming 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 800' FSL, 1640' FWL (SE/SW)

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Cmt top on 4-1/2" csg. ☒

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☒

5. LEASE

SF-078109

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

Gallegos Canyon Unit

9. WELL NO.

289

10. FIELD OR WILDCAT NAME

Kutz Pictured Cliffs, West

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

Sec. 8-T28N-R12W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GRD. 5,796' KB 5,806'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

When cementing 4-1/2" csg. did not circ cement to surface - Ran CBL - cmt top @ 435' - Perf 4-1/2" csg @ 400' w/2 holes - Could not pump into perfs - Perf 4-1/2" csg @ 360' w/2 holes - Mixed and pumped 140 sks 50-50 Pozmix "B" - Did not circ. cmt. to surface. Drilled out & ran CBL - Cmt top @ 335' - Rec'd approval from Ray Swanson w/USGS (who cleared it w/Jim Sims) at Farmington on 1-5-80, that this was adequate.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Alan B. Barnes TITLE Dist Prod Engr - RMD DATE 1-14-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

BY FARMINGTON DISTRICT