

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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Well History</u>	<u>X</u>

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.)*

The above referenced well was spudded @ 5:30 AM 11-30-79.

Drilled 12-1/4" hole to 133' KB. Set 8-5/8", 19.66#/ surface casing @ 132' KB. Cemented w/100 sks of Class "B" cement w/2% CaCl₂ & 1/4#/sk Celloflake. Plug down @ 8:15 PM 11-30-79. Good cement returns.

Drilled 6-3/4" hole to 1,876' (KB) and ran logs.

Ran 47 jts. 4-1/2" OD 9.5#, K-55, R-3 ST&C new casing set @ 1,873' (KB) cemented w/300 sx of 50-50 Pozmix w/2% Gel & 1/4# Flocele/sk. Plug down @ 4:30 PM, 12-4-79. Good circulation throughout.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Dean B. Barnes TITLE Dist Prod Eng- RMD DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: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)

CL - 5,796' KB 5,806'

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

