

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

Box 3280, Casper, Wyoming 82602

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

AT SURFACE: 1120' FSL & 1780' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

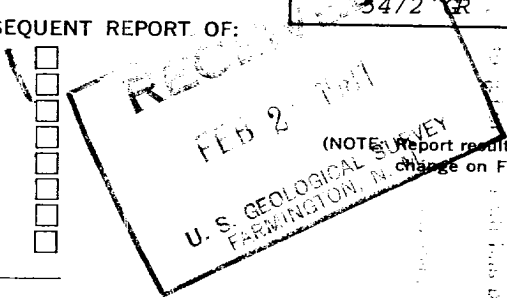
REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON\*

(other) Change casing program

SUBSEQUENT REPORT OF:

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- 
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- 
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- 
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- 



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

5. LEASE SF-078109

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO. 309

10. FIELD OR WILDCAT NAME West Kutz Gallegos Canyon-Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T28N-R12W

12. COUNTY OR PARISH San Juan 13. STATE N. Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 5472' CR

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.)\*

It is proposed to change the casing program on the above referenced well.

From - 0'-120' - 8 5/8" - 24#. K-55, ST&C - New Casing

To - 0'-120' - 7" - 17#. H-40, ST&C - New Casing

Subsurface Safety Valve: Manu. and Type

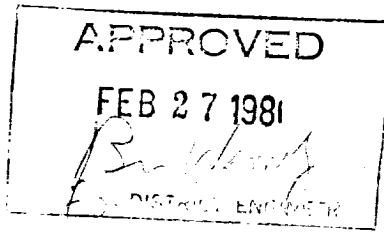
Set @ \_\_\_\_\_ ft.

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

SIGNED William J. [Signature] TITLE F. Services Adm. DATE 2-23-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

1.3