

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078904	
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 Gallegos Canyon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 965' FSL & 675' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 337	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR -5907' ; KB- 5915'		10. FIELD AND POOL, OR WILDCAT Kutz Pictured Cliffs, West	
12. COUNTY OR PARISH San Juan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 T28N-R12W	
13. STATE New Mexico			

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Well History <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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.)*

- 12-27-84: MI RUCT. NU BOPE. PU bit and 4-1/2" csg. scraper. TIH to 1790'. SDFN
- 12-28-84: Circ. well clean. Pressure tested BOP and casing to 2000 psi - held OK. Swabbed fluid level to 1600'. TOOH. Perf'd Pictured Cliffs @ 1705'-06', 1708', 1713'-15', 1721'-22', 1724', and 1728'-32' w/LJSPF. PU packer and TIH to 1600'. Set packer. Loaded tubing w/Pictured Cliffs water. Pump 1000 gals P.C. water and dropping ball sealers. TIH and knocked off balls. Blew well dry w/N₂. TOOH. Frac'd down casing w/22,000 gals 70 Q foam w/30,000# 12-20 sand. Flow back frac to pit.
- 12-29-84: Killed well w/25 bbls. P.C. water. TIH w/expendable check valve. Tagged sand @ 1733'. Cleaned out to 1791' w/N₂. PU and landed tubing @ 1753'. ND BOPE NU wellhead. Pump off check. RD MOCT. Open well to pit @ 12:00 P.M. thru 3/8" choke nipple.
- 12-30-84: After 20 hrs. flowing, rate stabilized @ 415 MCFD. SI well @ 8:00 A.M. Waiting on pipeline.

RECEIVED

JAN 28 1985

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

SIGNED Paul C. Bertoglio
Paul C. Bertoglio

TITLE Petroleum Engineer RMD

OIL CON. DIV
DIST. 3
12-31-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE
JAN 21 1985

*See Instructions on Reverse Side

NMOCC