

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Energy Reserves Group, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602	9. WELL NO. 351
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL & 810' FEL	10. FIELD AND POOL, OR WILDCAT North Pinon Fruitland
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10 T28N-R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED

OCT 10 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Completion History	

(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.)*

- 9-17-85: MI RUCT. NU BOPE. TOOH w/tbg. Set CIBP @ 1530' w/wireline. TIH to 1525'. Circ hole clean w/2% KCl wtr. Pressure tested CIBP, BOP and casing to 1000 psi-Held O.K. Spotted 5 sx Class "B" onto CIBP. Swabbed fluid level to 850'. TOOH. Perf'd Fruitland at 1283'-85', 1278'-81', 1270'-72', and 1263'-67' w/1 JSPF. TIH w/packer to 1195'. Set packer and SDFN.
- 9-18-85: Broke down perfs w/1000gals of 2% KCl wtr and dropping 25 ball sealers. Released packer and TIH. Blew well dry. TOOH and layed down packer. TIH w/tbg to 1305'. ND BOP. NU wellhead. Frac'd down tbg and csg @ 15 BPM w/22,000 gals of 70 Q foam w/30,000# 10-20 sand. Flowed back frac.
- 9-19-85: Flowing dry gas @ 177 MCFD thru 3/8" choke nipple SICP 60 psig, FTP 40 psig.
- 9-20-85: Flowing dry gas @ 160 MCFD thru 3/8" choke nipple. SICP 45 psig, FTP 32 psig. SI well for seven day build up.
- 9-26-85: SICP 510 psig, SITP 460 psig. Opened well up for 3 hours thru 3/4" choke nipple. Final SICP 25 psig, FTP 20 psig, 464 MCFD. SI well waiting on a pipeline connection.

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

SIGNED Paul Bertogio
Paul Bertogio

TITLE Petroleum Engineer

DATE 10-8-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMCCC

*See Instructions on Reverse Side