

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	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 app. State requirements. See also space 17 below.) At surface 800' FSL & 810' FEL (SE-SE)	10. FIELD AND POOL, OR WILDCAT West Kutz Pictured Cliffs
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.) G.L.-5637'; K.B.-5645'	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input checked="" 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 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.) \*

The above referenced well was spudded at 3:00 A.M. 6-20-85. Drilled 12 1/4" hole to 133' K.B. Ran 3 jts 8 5/8", 24#, K-55, ST&C csg, landed at 133' K.B. Cemented w/100 sx Class "B" cement w/2% CaCl<sub>2</sub> and 1/4# Flocele/sx. Plug down at 7:30 A.M. 6-20-85. Good cement returns.

Nippled up and pressure tested BOP to 500 psi-Held O.K.

Drilled 6 1/4" hole to 1670' and ran logs.

Ran 43 jts 4 1/2", 10.5#, K-55 ST&C, new casing, landed at 1668' K.B. Cemented w/250 sx 50-50 Pozmix and cement w/2% gel, 1 1/2% D-65, and 1/4# Celloflake/sx. Plug down at 4:15 A.M. 6-22-85. Good cement returns to surface.

6-22-85 W.O.C. & W.O.C.T.

OIL CON. DIV.  
DIST. 3

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

SIGNED N. D. Thomas TITLE Drilling Foreman

DATE 6-25-85

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side