

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"/>		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. 360
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000' FNL & 950' FWL		10. FIELD AND POOL, OR WILDCAT North Pinon Fruitland
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14 T28N-R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 5702', KB-5710'		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 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.)\*

- 7-23-85: MI RUCT. NU BOP. PU bit and casing scraper. Cleaned out well to 1382' w/2% KCl water. Pressure tested BOP and casing to 2000 psi-Held O.K. Swabbed fluid level to 850'. TOOH. Perf'd Fruitland Formation @ 1320'-28', and 1313'-15' w/1 JSPF. TIH w/2 3/8" tubing to 1314'. ND BOP. NU wellhead. RD MOCT.
- 7-24-85: Frac'd down tubing and casing at 15 BPM w/22,000 gals 70 Q Foam w/30,000# 10-20 sand. Flowed back frac.
- 7-25-85: Well flowing at 925 MCFD dry gas thru 3/4" choke nipple. SI well.
- 8-1-85: SICP 460 psi, SITP 460 psi. Opened well up for 3 hrs thru 3/8" choke nipple. Final FTP-140 psig, 2204 MCFD. SI well waiting on pipeline connection.

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

SIGNED Paul Bertoglio TITLE Petroleum Engineer DATE 8-2-85  
Paul Bertoglio

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

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