

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

B-11017

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

65

10. FIELD AND POOL, OR WILDCAT

Kutz Pict. Cliffs, West

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 36-T29N-R13W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

ENERGY RESERVES GROUP, INC.

3. ADDRESS OF OPERATOR

P. O. Box 3280, Casper, Wyoming 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

640' FSL, 1206' FWL (SW SW)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5512' RDE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment Extension

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)

Well is still being evaluated for further production, therefore, a  
Temporary Abandonment Extension is requested.



RECEIVED

MAY 9 1977

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

SIGNED

*Leanne L. Kuhn*

TITLE

District Clerk

DATE

5/5/77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: