4.50

UNITED STATES DEPARTMENT OF THE INTERIOR

| See Instructions on Reverse Side | |
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| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | MOCON FARMINGTON DISTRICT |
| (This space for Federal or State off | |
| SIGNED 1-12 TURE Drilling For | APPED FULL MEDON |
| 18. Thereby certify that the foregoing is true and correct | 1 15 90 |
| | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| The above described well was spudded @ 1:30 PM 1-11-80. Drilled 12-1/4" hole to 132' KB & set 3 jts. 8-5/8", 19.66#, MU46, R-3, 8Rth, ST&C new casing @ 130' KB. Cemented w/100 sx Class "B" cement w/3% CaCl ₂ + 1/4# Flocele/sk. Plug down @ 6:15 PM 1-11-80. Good cement returns. Nipple up & pressure tested B.O.P.E. to 800 psi - Held o.k. Drilled 6-3/4" hole to 1560' K.B. and ran logs. Ran 46 jts. 4-1/2", 10.5#, CW-55, R-2, 8Rth, ST&C new casing sat @ 1537 K.B. Cemented w/300 sx 50-50 Pozmix w/2% Gel + 1/4# Flocele/tk. Plug down @ 2:30 PM 1-14-80. Good cement returns. 1-15-80 - W.O.C. & W.O.C.T. | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent.) | irectionally drilled, give subsurface locations and |
| MULTIPLE COMPLETE CHANGE ZONES ABANDON* Cother) Well History X | |
| FRACTURE TREAT | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF TEST TO THE TEST TO | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB. AND WD) G.L. Elev. 5369' KB Flev. 5379 |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1700' FNL & 1605' FWL (SE/NW) AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | AREA Sec. 33, T29N R12W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO. |
| Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR P.O. Box 3280, Casper, Wyoming 82602 | 10. FIELD OR WILDCAT NAME West Kutz Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| well Well W other 2. NAME OF OPERATOR | 9. WELL NO. 303 |
| (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.) | Gallegos Canyon Unit 8. FARM OR LEASE NAME Gallegos Canyon Unit |
| SUNDRY NOTICES AND REPORTS ON WELLS | Navajo Tribe 7. UNIT AGREEMENT NAME |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |