

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well ~~other~~ and W.I. Well
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. See space 17 below.)
AT SURFACE: 2,015' FSL & 830' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
SF-080723
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Gallegos Canyon Unit
8. FARM OR LEASE NAME
9. WELL NO.
306
10. FIELD OR WILDCAT NAME
Undersigned Fruitland, & Mesaverda
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19-T29N-R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GRD 5,415' KB 5,429'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 @ 8:00 P.M. 4-14-80.

Drilled 13-3/4" hole to 240'.

Ran 5 jts. 9-5/8" O.D., 32.30#, H-40, 8Rth, SS, ST&C new casing set @ 235' (K.B.) Cemented w/250 sx of Class "B" cement w/2% CaCl₂ & 1/4# Flocele/sk. Plug down @ 12:30 P.M. 4-15-80. Good cement to surface.

Nipped up and pressure tested BOPE to 800 psi; Held 0.K.

4-16-80: Drilling 8-3/4" hole to 540'.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Kenneth C. Billington TITLE Drilling Supt.-RMD DATE April 16, 1980

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCCL

*See Instructions on Reverse Side



ACCEPTED FOR RECORD

BY [Signature]