

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 ☐
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: 1,520' FNL & 880' FWL
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) Workover History ☒

SUBSEQUENT REPORT OF:

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RECEIVED

MAR 31 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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 subject well was worked over from 3-15-82 to 3-19-82

During this period, the following was done to the well:

1. Squeezed Pictured Cliffs perfs from 1,613'-50' w/200 sx Class B w/2% CaCl₂;
2. Well was cleaned out to 1,710' and the Pictured Cliffs was reperforated @ 1,657'-68' w/1 JSPF;
3. Broke down perfs w/ 750 gal of 7-1/2% HCl w/add; and
4. Frac'd new perf's down csg w/15,000 gal 70Q foam w/23,000 lbs 10-20 sand.

The well is currently being flow tested, and at the present time, it appears the well will now produce at an economical rate.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Paul Bertoglio TITLE Prod. Engr - RMD DATE 3-26-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCG

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY Smr