

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 ☐ gas ☒ other & Water Injection
well well2. NAME OF OPERATOR
Energy Reserves Group, Inc.,3. ADDRESS OF OPERATOR
P.O. Box 3280 - Casper, Wyoming 826024. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1,070' FSL & 1,520' FWL (SE/SW)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I-149-IND-84867. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
32810. FIELD OR WILDCAT NAME
Fuitland/Mesaverde-Both Undersigned11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33-T29N-R12W12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
G.L. 5,394' K.B. 5,406'

(NOTE: Report results of multiple completion on 2pm 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 @ 5:00 PM 1-5-81.

Drilled 13-1/2" hole to 145'; then 12-1/4" hole to 285'.

Ran 6 jts 9-5/8" OD, 32.40#, H-40, R-3, ST&C new casing set @ 277' (K.B.).

Cemented w/275 sx of Class "B" cement w/2% CaCl₂ & 1/4# Flocele/sx. Plug down @ 6:15 AM 1-6-81. Good cement returns.

Nipple up and pressure tested BOPE to 500 psi--held o.k.

1-7-81 - Drlg 8-3/4" hole @ 1,350'.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Ramon C. Bell TITLE Drlg Supt-RMD DATE 1-8-81

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side