Olilles Chiles	5. LEASE WENTER OF THE		
DEPARTMENT OF THE INTERIOR	Sante Fe-078109 😤 💆 👼		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
GLOLOGICAL SONVET	6 5 Lag (4) 7 S (2) 1		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
	Gallegos Canyon Unit 🚽 💆 💆		
(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.)	8. FARM OR LEASE NAME		
1. oil gas X other			
well well other	9. WELL NO. () 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
2. NAME OF OPERATOR	GCU #332 목품분원 중 증명된		
Energy Reserves Group, Inc.	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	L W. KII thick C.T. FAR		
P. O. Box 3280; Casper, WY 82602	11. SEC., T., R., M., OR BLK, AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	ADEA WALLEY		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	Sec. 31, T29N-R12W 5 3 5		
below.) AT SURFACE: SE4 SE4 930/5 1080/E			
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	San Juan		
AT TOTAL DEFIN.	14. API NO. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	ating w Safe		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
	र्षेक्स है हुईवर		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	లోగ్రాఫ్ 💌 <u>మీస్</u> బ్యే		
FRACTURE TREAT			
SHOOT OR ACIDIZE			
REPAIR WELL	(NOTE: Report results of multiple completion or zone		
PULL OR ALTER CASING	change on Form 9-330.)		
MULTIPLE COMPLETE	·왕 8 1983 첫 11일의 전 - 최점점을 - # -		
CHANGE ZONES			
ABANDON* DEPARTMENT OF THE PROPERTY OF THE PRO	요 이는 눈면 썼을까질을 다 할 것 나라로 그들다		
(other) Request for extension FARNOR COLOR	Hamilton de la constant de la consta		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates,		
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and to this work)* (2.2) to the control of the		
The abundance of the control of the			
•	불림으로 하는 경우를		
ADD for the store referenced to 170 年 を養養費			
Request for extension on APD for the above referenced well.			
	프로프램을 가는 용기를 되는 그		
extended to 4/12/84 1			
		'	
			型工業名音 · 」 音。多素養金
	इस्ट्रेंट इस्ट्रेंट इस्ट्रेंस		
- The Control of th			
TOTAL CONTROL OF THE CONTROL OF TH			
	TOVIET MASS		
Subsurface Safety Valve: Manu. and Type	Ft.		
•	9 DIST. 3.7 3.68 5		
18. I hereby certify that the topegoing is true and correct	Fire Jan All Mars		
source Idella Service	es DATE SEPARADIRON SI		
SIGNED TITLE FIELD SELVIC	T DATE		

DATE

*See Instructions on Reverse Side

(This space for Federal or State office use)

FARMINGTON RESOURCE AREA