| BUREAU OF LAND M                                                                                                                                                                                                                                                                                                     | HE INTERIOR verse side) ANAGEMENT                                                                                                                                                     |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND  (Do not use this form for proposals to drill or to Use "APPLICATION FOR PERM                                                                                                                                                                                                                     | deepen or plug back to a dynerent reservoir.                                                                                                                                          |                                                                                                                                                                                   |
| OIL CAS X OTHER                                                                                                                                                                                                                                                                                                      | "EC.                                                                                                                                                                                  | Gallegos Canyon Unit 8. FARM OR LEASE NAME                                                                                                                                        |
| 2. NAME OF OPERATOR Energy Reserves Group, Inc.                                                                                                                                                                                                                                                                      | SEDV                                                                                                                                                                                  |                                                                                                                                                                                   |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                                                                                               | 602 FAREAU 2 19 190                                                                                                                                                                   | 9. WELL NO.                                                                                                                                                                       |
| 4. LOCATION OF WELL (Report location clearly and in acco                                                                                                                                                                                                                                                             | rdance with any State Conditionents.                                                                                                                                                  | 10. FIELD AND POOL, OR WILDCAT                                                                                                                                                    |
| 2. NAME OF OPERATOR Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82 4. LOCATION OF WELL (Report location clearly and in accosed also space 17 below.) At surface  1490' FSL & 880' FEL                                                                                          | RESOURCE ARENT                                                                                                                                                                        | West Kuzt Pictured Cillis 11. SEC., T., B., M., OR BURY AND SURVEY OR AREA                                                                                                        |
| ) AE ELEVATIONS                                                                                                                                                                                                                                                                                                      | (Show whether DF, RT, GR. etc.)                                                                                                                                                       | Section 33 T29N-R12W 12. COUNTY OR PARISH 13. STATE                                                                                                                               |
| 14. PERMIT NO. GR-5531';                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                       | San Juan New Mexico                                                                                                                                                               |
| 16. Check Appropriate Box                                                                                                                                                                                                                                                                                            | To Indicate Nature of Notice, Report, o                                                                                                                                               | r Other Data                                                                                                                                                                      |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                              | SUBS.                                                                                                                                                                                 | SEQUENT EXPORT OF:                                                                                                                                                                |
| TEST WATER SHCT-OFF PCLL OR ALTER C                                                                                                                                                                                                                                                                                  | <del></del>                                                                                                                                                                           | BEFAIRING WELL                                                                                                                                                                    |
| FRACTURE TREAT MULTIPLE COMPLE                                                                                                                                                                                                                                                                                       | FRACTURE TREATMENT SHOOTING OR ACIDIZING                                                                                                                                              | ALTERING CABING ABANDONMENT®                                                                                                                                                      |
| SHOOT OF ACIDIZE  REPAIR WELL  CHANGE PLANS                                                                                                                                                                                                                                                                          | (Other) Completic                                                                                                                                                                     | on History                                                                                                                                                                        |
| (Other)                                                                                                                                                                                                                                                                                                              | Completion or Reco                                                                                                                                                                    | ults of multiple completion on Well<br>puppletion Report and Log form.)                                                                                                           |
| 17. DESCRIEE PROPOSED OR COMPLETED OPERATIONS (Clearly proposed work. If well is directionally drilled, giv nent to this work.)                                                                                                                                                                                      | state all pertinent details, and give pertinent de<br>e subsurface locations and measured and true ve                                                                                 | ttes, including estimated date of starting any<br>rtical depths for all markers and zones perti-                                                                                  |
| BOP and casing to 2000 ps<br>level to 1350'. TOOH. Ran<br>1461'-63', 1457'-59', 145<br>Set pkr at 1357'. SDFN.<br>7-26-85: Broke down perfs w/1000 g<br>to 1530'. Blew well dry w<br>70 Q foam w/30,000# 10-20<br>7-27-85: Blew well down. TIH w/exp<br>tubing at 1498'. ND BOP.<br>8-1-85: Set equipment. Started w | y/N2. 100H. Fract d down cash sand. Flowed back frac. bendable check. Cleaned out sand wellhead. Pumped off check unit and pumping unit. well pumping. BWPD. SI well waiting on pipe. | ifs Formation at 1466'-68', if, 15 shots. PU pkr and TIH. elers. Released pkr and TIH and at 15 BPM w/22,000 gals of and to 1550' w/N2. PU and land k. Started flow testing well. |
|                                                                                                                                                                                                                                                                                                                      | RECEIVED                                                                                                                                                                              |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                      | OCT 02 1985                                                                                                                                                                           | SEF 27 1985                                                                                                                                                                       |
| •                                                                                                                                                                                                                                                                                                                    | OIL CON. DIV.                                                                                                                                                                         |                                                                                                                                                                                   |
| 18. I hereby certify that the foregoing is true and corre                                                                                                                                                                                                                                                            | ect DIST. 3                                                                                                                                                                           | BHP-KIMD CASPER                                                                                                                                                                   |
| SIGNED Paul C. Berto to                                                                                                                                                                                                                                                                                              | Petroleum Enginee                                                                                                                                                                     | 9-17-85<br>DATE                                                                                                                                                                   |
| Paul Bertoglio (This space for Federal or State office use)                                                                                                                                                                                                                                                          |                                                                                                                                                                                       | ACCEPTED FOR RECORD                                                                                                                                                               |
| APPROVED BY                                                                                                                                                                                                                                                                                                          | _ TITLE                                                                                                                                                                               | DATE                                                                                                                                                                              |
| CONDITIONS OF APPROVAL, IF ANY:                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       | 987 / 1985                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                      | <b>O</b> PERATOR                                                                                                                                                                      |                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                      | *See Instructions on Reverse Side                                                                                                                                                     | FARismunum Neuronal AEA                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                       | rv / 1 /                                                                                                                                                                          |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.