

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, Wy 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1,980' FSL, 660' FWL (NW/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:

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-078301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
U.S.A. Arthur L. Duff

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Bisti-Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1-T24N-R11W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6,902' K.B.

(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.)*

Verbal approval was received from Richard Bell with the U.S.G.S. on 9-22-81 to abandon the Lower Gallup and test the Chacra. A CIBP was set at 5,413' and the Chacra was per'd from 2,664'-2,675', 2,680'-2,689', and 2,703'-2,708'. Following breakdown with 1500 gals of 7-1/2% HCl, it was determined with a tracer survey that channelling had occurred behind the casing. Subsequently 38 sx of cement was squeezed behind the casing through the existing perfs, and then the procedure was repeated. After swabbing back the load fluid, only muddy water was recovered.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Paul Bertoglio TITLE Prod. Engr-RMD DATE 10-1-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: