9-331
1973

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: 1980' FSL 600' FWL
AT TOP PROD. INTERVAL: 440
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
SF-078301

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Arthur Duff USA

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Bisti-Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 1 T24N-R10W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED
SEP 21 1982
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
U.S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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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 referenced well location has been rehabilitated as per instructions in August 27, 1982 letter from Minerals Management Service.

RECEIVED
SEP 24 1982
OIL CON. COM.
DIST. 3

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

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

SIGNED _____ TITLE Adm. Field Services DATE September 17, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

FARM...
BY _____

*See Instructions on Reverse Side

NMOCC